

Reptile History Form

Please provide the information below as completely as possible. All information is strictly confidential. All fields with an asterisk (*) are required.

Patient Information

Owner's Name* How was reptile sexed?* Blood Test (DNA) Surgically Pet's Name* Visually Probe Species* Not Sexed Color/Markings* Age* Specific Identification Tattoo Sex* Microchip Male Other Female Describe ID location and Details (if Unknown applicable)

Reason for Today's Visit
What signs prompted today's visit?*
How long have you noticed the problem?*
Trow long have you noticed the problem.
How has the problem changed?* Worse
Better
Same
Has anything seemed to make the problem worse or better?

Does the problem tend to happen at a certain time of day or time of year?

On a scale of 1 to 10, with 1 being normal and 10 by problem?* Have you noticed any of the following signs? (check Behavior change	
Lethargy / change in exercise	Lameness / weakness
Nose or eye discharge	Change in thirst
Sneezing	Change in appetite
Increased breathing rate / effort	Change in weight
Vomiting / regurgitation	Scratching
Change in stool quality	Skin abnormalities
Change in urine / urate quality / color	Skin lumps (masses)
If your reptile has been sick before, please describe	
Please describe any medications your reptile is currently	rently taking.
Have you tried any over-the-counter remedies or su	applements?

Please describe any laboratory tests that have been performed on your reptile previously.
Has any member of your household (human or animal) had an illness in the past month?* Yes
No
Are you aware that any reptile may carry Salmonella bacteria?* Yes
No
General History
How did you acquire this reptile?*
Source:* Private Breeder (describe)
Pet Store (describe)
Wild Caught (imported)
Unknown
Please provide any other details on the source.

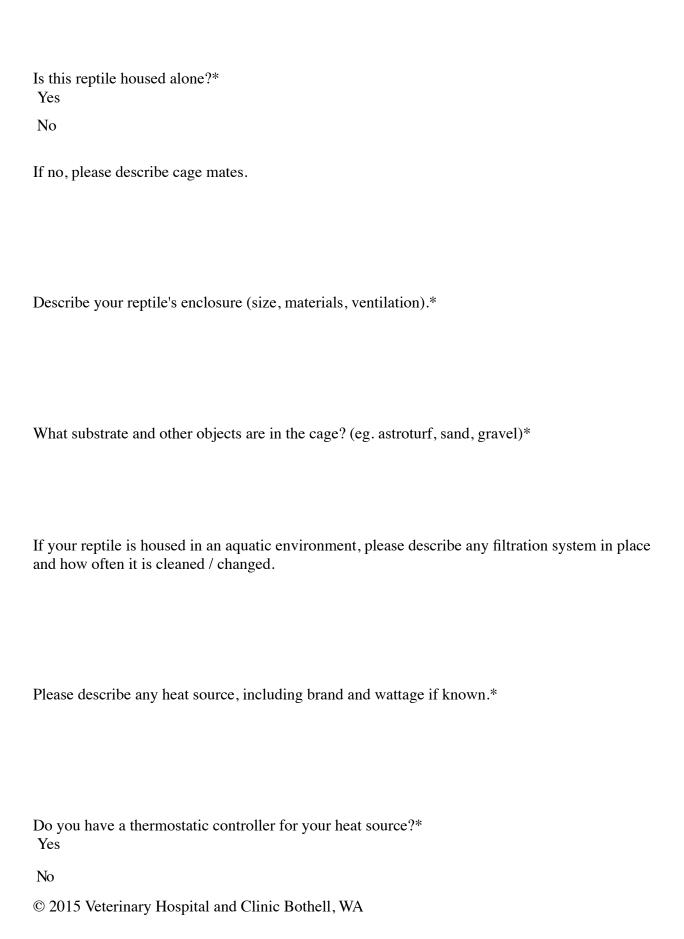
 $\hbox{@ 2015}$ Veterinary Hospital and Clinic Bothell, WA

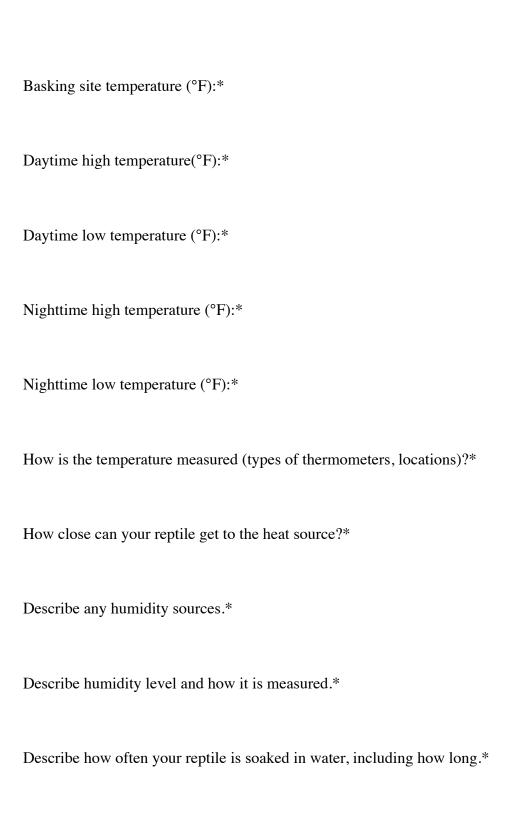
Approximate date when acquired.*
Approximate age or size when acquired.*
Reptile is a:* Pet
Breeder
Other
If other, please describe
Has any reproductive behavior been noted?* Yes No
If so, please describe.
Please describe any past reproductive issues. Has your bird been "spayed" (undergone a salpingohysterectomy)?
When was the last shed?*

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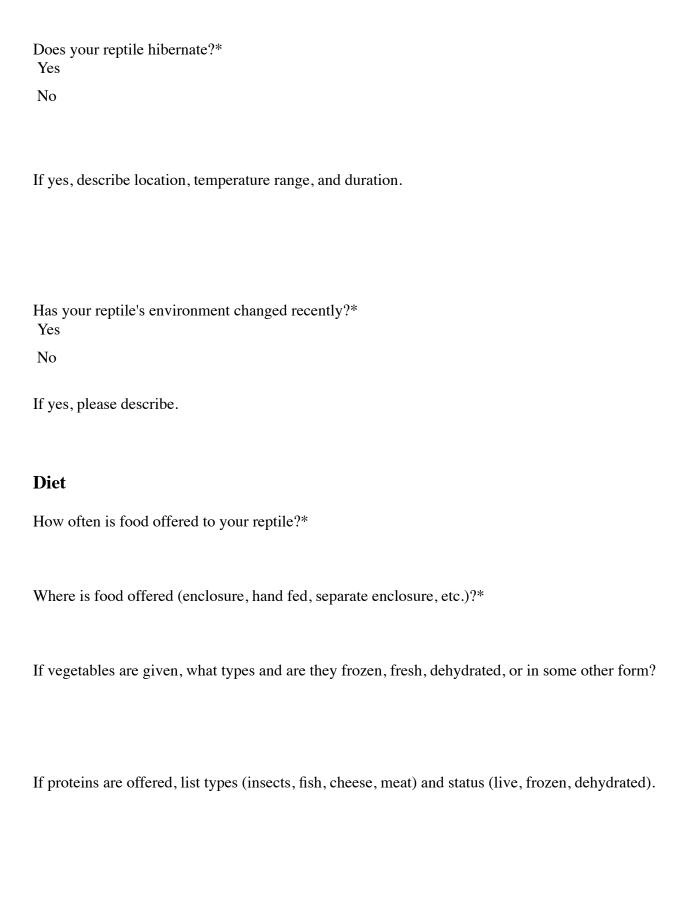
Was that shed normal?* Yes
No
Do you have any other reptiles or other pets?* Yes
No
If yes, please list other pets and whether they have contact with this reptile.
Has there been any contact between humans or reptiles in your household with any other reptiles in the last 3 months?* Yes
No
How does your reptile get exercise?*
Housing
Where is this reptile kept? (select all that apply)* Indoors
Outdoors
In a cage
Free ranging

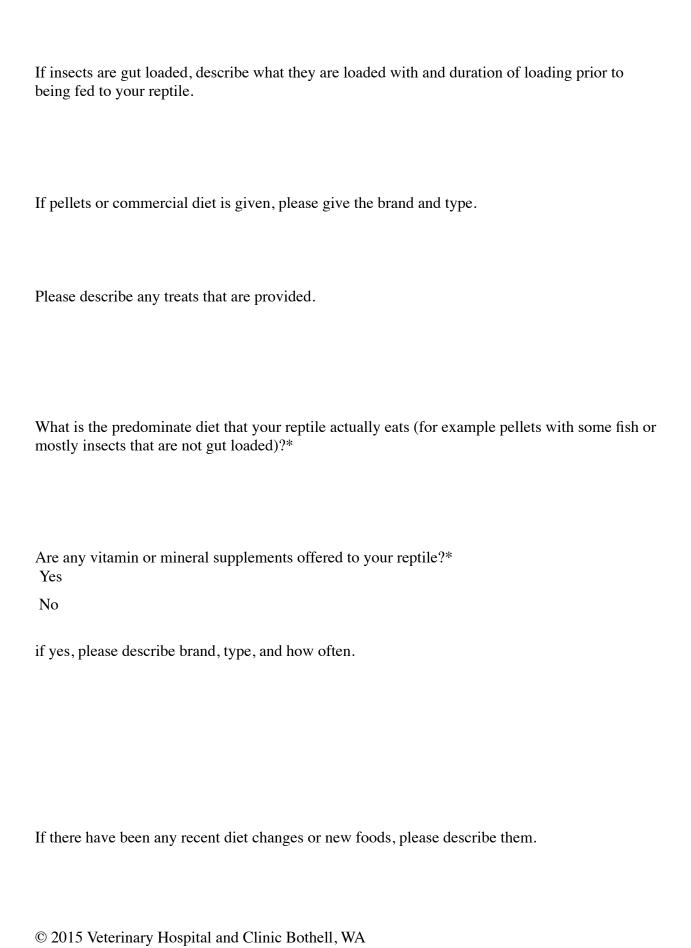
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Describe all light sources (both natural and artificial) and hours used.*
If a UV bulb or full spectrum bulb is in use, please describe type, age of bulb, and hours of use Also include how often the bulb is changed and distance from your reptile.*
Is there any material (screen, glass) between your UV light and your reptile?* Yes No
Does your reptile receive access to direct sunlight (not through glass or plastic)?* Yes
No
How often is the cage cleaned?*
Describe method of cleaning.*
How often are food and water dishes cleaned?*
Describe method of cleaning.*





How is water provided?*
Bowl

Sipper bottle

Aquatic environment

Other

Which water source is used?*
Tap water

Bottled water

Well water

Rain water

How often is the water changed?*



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