

REPTILE AND AMPHIBIAN PATIENT HISTORY

Pet Information - Please Print

Date: _____

Pet Name: _____ Species/Breed: _____

Age / D.O.B: _____ Male _____ Female _____ Unknown _____

Pet's Color _____

1. How long have you owned this pet? _____ Where did you acquire your pet? _____
2. How often is your pet handled? _____
3. When was your pet's last shed? _____
4. What type of cage or enclosure is you pet housed in? _____
5. What is used in the bottom of the cage (substrate)? _____
6. How often do you change/clean the substrate? Daily? _____ Weekly _____ Monthly _____
7. How often do you clean the cage? _____
8. What type of cleaning chemical is used? _____
9. What type of cage accessories are in the cage? _____
10. What temperature is the inside of the cage kept? _____
11. What is the humidity level in the cage? _____
12. What is the heat source? _____
13. Is there a UVA/UVB Light? _____ Date of purchase? _____
14. What do you feed your pet? _____
15. How much do you feed? _____ How often do you feed? _____
Of the food you offer, what does your pet eat? _____
16. Do you supplement calcium? Yes _____ No _____ Product _____
17. Do you give your pet tap or purified water? _____
18. How do you offer the water? _____
19. How often is the water changed? _____ How often are food dishes washed? _____
20. What type of soap/disinfectant is used? _____
21. Have there been any reptiles in the house been sick or died within the last year? Yes ___ No ___
If yes, how many have died? _____ What types: _____
If known, from what disease(s)? _____
22. Has this pet been sick at any other time during the last 12 months? _____
23. Has this pet been to see another veterinarian in the past 12 months? _____
If so, whom? _____
24. Has this pet been given any medications in the past 3 months? Yes ___ No ___
If yes, which ones? _____

List other pets you have at home

Name	Species	Recent Illness(es)	Age	Sex (M/F/unknown)