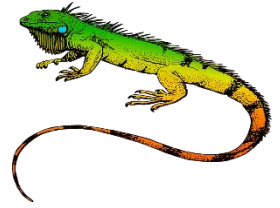


# SEVEN OAKS VETERINARY CLINIC



## REPTILE HISTORY

NAME OF ANIMAL \_\_\_\_\_ SPECIES \_\_\_\_\_ SEX \_\_\_\_\_ AGE \_\_\_\_\_ COMPANION OR BREEDER? \_\_\_\_\_

### Background Information:

Length of time owned \_\_\_\_\_ Acquired from (circle one) Breeder Pet Store Other  
 How often is animal handled? Daily Occasionally Never Normal weight: \_\_\_\_\_ Current weight: \_\_\_\_\_  
 Wild-caught Captive bred (circle one) Deparasitized? \_\_\_\_\_ If yes, with what? \_\_\_\_\_  
 Animal ever taken outside? Yes No If yes, for how long? \_\_\_\_\_ Stool consistency \_\_\_\_\_  
 When was last shed? \_\_\_\_\_ Any trouble shedding? Yes No Please specify \_\_\_\_\_

### Husbandry:

Type of enclosure: \_\_\_\_\_ Size of enclosure \_\_\_\_\_  
 Cage substrate: \_\_\_\_\_ How often is cage cleaned? \_\_\_\_\_  
 What type of disinfectant is used when cleaning cage? \_\_\_\_\_  
 Where is cage located? \_\_\_\_\_ What kind of cage furnishings? \_\_\_\_\_  
 What are they made of? \_\_\_\_\_

### Cage Environment:

Light cycle: \_\_\_\_\_ Type of lighting: \_\_\_\_\_  
 Heat source: \_\_\_\_\_ Date of last bulb change: \_\_\_\_\_ Humidity level: \_\_\_\_\_  
 Temperature within cage: Minimum \_\_\_\_\_ Maximum \_\_\_\_\_ Basking area \_\_\_\_\_

### Nutrition:

Type of food offered? \_\_\_\_\_ Amount fed/frequency \_\_\_\_\_  
 When last fed? \_\_\_\_\_ Water source? \_\_\_\_\_  
 Any other pets? Yes No If yes please specify \_\_\_\_\_  
 Any other reptiles? Yes No If yes please specify \_\_\_\_\_  
 Are animals housed together or singly? \_\_\_\_\_  
 If not housed together, where are the other animals located? \_\_\_\_\_  
 Any new additions to the reptile population? Yes No If yes, please specify \_\_\_\_\_

### Past Medical History/Problems:

### Current Presenting Problem:

### Duration of Complaint: