

REPTILE HISTORY

(Also Amphibians)

Pet's name _____ Species _____ Weight _____ Date _____

Age/Birthday _____ Sex _____

Where did you get your reptile? _____ Length of ownership _____

REASON FOR VISIT: _____

DIET:

Type, amount, and frequency:

Veggies _____

Fruits _____

Insects _____

Rodents _____

Vitamin/mineral supplements _____

Has your reptile been eating and drinking normally? If not, explain _____

Recent diet change? If yes, when and what? _____

Last shed _____ Was it normal? _____

ENVIRONMENT:

Type of cage and dimensions, or gallons _____

Substrate _____

Describe all of the items in the cage _____

Location of cage _____

How is the cage heated? _____

Temperature: Daytime, warm/cool side _____/_____ Nighttime _____ Basking site _____

Is the cage humidified? If so, how? _____ % humidity _____

Do you use a thermometer? _____ A hygrometer? _____ UVB light? _____

Number of hours exposed to light _____ Light source _____

Are there other pets in the same cage? Species? _____

PHYSICAL SYMPTOMS:

____ Vomiting/regurgitation ____ Diarrhea ____ Abnormal breathing ____ Lameness

____ Decreased appetite ____ Decreased activity ____ Weight loss ____ Color change

____ Difficulty shedding ____ Swollen eyes ____ Nasal discharge ____ Mites

MEDICATIONS: Please list any past and current medications