

1. Patient information

Species: _____

Gender: male, female, unknown

Date of birth/hatch: _____ Date acquired: _____

How big was the reptile when you first acquired it? _____

Source (pet store, breeder, previous owner): _____

Captive bred or wild caught?

Number of previous owners (other than breeder, store): _____

What states and countries has your reptile lived in? _____

2. Environment

Where is this reptile kept in the house? _____

Enclosure

Cage: type, size: _____

What is on the bottom of the cage? _____

What types of hiding places are provided? _____

List species of live plants: _____

Is there a soaking/swimming tub? _____

Please describe any other furnishings: _____

How often is the cage cleaned, and what cleaning products are used? _____

Aquatic species:

How often is the water changed? _____

What type of filtration is used? _____

Do you use a dechlorinator or any other type of water treatment? _____

Lighting

Does your reptile receive sunlight? yes no. Estimated hours per week _____

Does the sunlight pass through glass or plastic before reaching the reptile? yes no

Artificial lighting:

incandescent ("screw-in" bulbs): wattage(s) _____ hours per day _____

fluorescent (tube bulbs). Brand(s) _____ hours/day _____

how often are the fluorescent bulbs changed? _____

Temperature

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Do you have a thermometer(s) in the cage? yes no

What is the temperature in the warmest part of the cage? _____ In the coolest part? _____

What device(s) are used to maintain the temperature? hot rock, heat pad,
warm room, heat light, ceramic heater, aquarium heater, other: _____

Is there a thermostat? yes, no

Is the temperature decreased at night? yes, no, by how much? _____

Humidity

Is the cage misted? yes, no. How often? _____

Is the humidity measured? yes, no. Range: _____

How much time does your reptile spend outside of the enclosure? _____

Is your reptile supervised when it is out? always, sometimes, no

Is supplemental heating provided outside the cage? yes, no. Type _____

Have you ever noticed your reptile eat any household objects? _____

Is the reptile ever taken outside? yes no

Does your reptile hibernate? Please describe the duration, temperature, and monitoring that you provide during hibernation. _____

Do you have other pets? yes, no. If yes:

List other animals that are kept in the same cage: _____

Recent acquisitions (new pets within the past 6 months) – species, date, source: _____

List any other pets you have: _____

Are any of your other pets ill? yes, no. _____

List recent changes in the environment, if any: _____

3. Diet

What percent of your reptile's diet consists of the following (please describe what the animal actually eats, rather than what is offered):

Vegetables, fruits ____% list types: _____

Insects, mealworms, etc. ____%, list types: _____

Are they "gut loaded" or dusted before feeding to your reptile? Describe: _____

Rodents, chicks, etc ____%, list types & source. _____

_____ Are they fed live, killed, both?

Pellets, commercial diet or canned food ____% list types: _____

Other ____%, describe: _____

How often do you feed your reptile? _____

Please list any supplements used. How are they given and how often? _____

Does your reptile eat anything other than its intended diet (e.g. the cat's food, houseplants)?

How is water offered (e.g. dish, misting, drip system)? _____

Please list any recent additions/changes in the diet: _____

4. **When was the last shed?** _____ **Was it normal?** _____

5. **Reproductive**

Do you plan on breeding this animal? yes, no, possibly

How many clutches/litters has this reptile produced? _____

When was the most recent clutch/litter? _____ How many eggs/babies were laid? _____

Has your reptile every had difficulty laying? yes, no, describe _____

Were the offspring healthy? yes, no. If not, describe _____

6. Has your reptile ever been tested or treated for internal or external parasites? Please describe dates and medications used: _____

7. Previous Conditions, Problems, Or Operations (list with date, if known)_____

8. Is your reptile here for a well pet check-up or is it sick?

If your reptile is sick, please describe the signs and how long your reptile has been showing these signs: _____

Is your reptile's general activity level normal, decreased, or increased?

Is your reptile's appetite normal, decreased, or increased?

Have you noticed any of the following?

- Weight loss, Weight gain
- Discharge from the eyes or nose
- Increased breathing rate or effort
- A change in the droppings
- Abnormal skin color or shedding
- Parasites on the skin or in the feces
- Weakness

Have you used any medications from a pet store? _____

9. Has your reptile been seen by another veterinarian for any of the current problems?

yes, no

If yes, when? _____

Please list tests performed: _____

Please list medications given: _____

10. Is there anything else you would like done today?

Nail trim

I have questions about: _____

Other: _____