

Instructions: An accurate history of your pet is extremely important. We would appreciate your cooperation in providing us with the following information as accurately as possible.

Reptile Patient Information	
Species: _____	Gender: _____
Date of Birth/Hatch: _____	Date Acquired: _____
Source: (pet store, reptile show, breeder, etc.) _____	

Environment
Enclosure: <ul style="list-style-type: none">- Cage (tank, PVC, size, etc.): _____- Substrate (sand, repticarpet, newspaper, cococoir, etc.): _____ _____- Describe hiding places, water bowls, rocks, and other furnishings: _____ _____ _____- Cage cleaning schedule and products used: _____ _____ _____
Lighting: <ul style="list-style-type: none">- Does this pet get access to natural sunlight? <input type="checkbox"/> Yes <input type="checkbox"/> No- Estimated Sunlight hours per week: _____- What type of artificial heat and light does this pet have access to? (screw bulbs, long bulbs, heat bulbs, UV bulbs, wattage, hours on per day, how often changed out, etc.): _____ _____ _____
Heat / Humidity: <ul style="list-style-type: none">- Do you have heat and humidity gauges in the enclosure? <input type="checkbox"/> Yes <input type="checkbox"/> No- What is the temperature range of the cage? (Answer Below) Basking side: _____ Ambient Side: _____- What is the humidity range of the cage? _____
Are there any other animals sharing the cage? <input type="checkbox"/> Yes <input type="checkbox"/> No

How many, what species, what ages? _____

List and describe any changes you have made to this setup recently: _____

Diet

What does this pet eat? (List fruits, greens, veggies, insects, rodents, commercial diet brands, live food, dried food, etc.)

Are any vitamins, calcium, or other supplements added to the diet?

☐ Yes ☐ No

What brand / type? _____

Please describe the feeding schedule for this pet in detail (what ingredients, how often, when supplements are used, etc.)

Behavior

When did this pet last shed? _____ **Was it normal?** _____

Do you give this pet soak/swim time? ☐ Yes ☐ No **How often?** _____

Have bowel movements been normal? ☐ Yes ☐ No **Describe:**

Do you weigh this pet regularly? ☐ Yes ☐ No

Have you noticed any changes in weight or size? _____

Is this pet's activity level ☐ Normal ☐ Increased ☐ Decreased

Is this pet's appetite ☐ Normal ☐ Increased ☐ Decreased

Have you noticed:

☐ breathing changes ☐ discharge from eyes, nose, mouth ☐ stool changes

☐ abnormal skin color or shedding ☐ weakness ☐ other: _____

Have you used any over the counter medications ☐ Yes ☐ No

If yes, please describe: _____

Has this pet had medical issues in the past? ☐ Yes ☐ No

If yes, please describe: _____

Is there anything else we can help you with today?
