Reptile

Date: __________________

**Patient information**

Species: __________________________________________________________________________________

Gender: Male □  Female □  Unknown □

Date of birth/hatch: _______________________

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

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

Please check one: □ Captive bred or □ Wild caught

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

What states and countries has your reptile lived in? _______________________________________________

**Environment**

Where is this reptile kept in the house? ___________________________________________________________

Enclosure Cage: type and size:  _______________________________________________________________

What is on the bottom of the cage? _____________________________________________________________

List species of live plants: __________________________________________________________________

Is there a soaking/swimming tub? _______________________________________________________________

Please describe any other furnishings: ___________________________________________________________

How often is the cage cleaned & 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): _____________________________________________________
    how often are the fluorescent bulbs changed?______________________________________________

**Temperature**

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 gave 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. If yes please list:______________________________________
_______________________________________________________________________________________
List recent changes in the environment, if any:________________________________________________________________________________________

**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, check 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:__________________________________________

When was the last shed? ___________________ Was it normal? Yes No

**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 ever had difficulty laying? Yes No, describe: ________________________________

Were the offspring healthy? Yes No. If not please describe: ________________________________

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

Previous Conditions, Problems, or operations (list with date, if known): ______________________________
Is your reptile here for a ☐ wellness check up   or is it ☐ sick? If your reptile is sick please describe the symptoms and how long your reptile has been showing signs:________________________________________

Is your reptile's general activity level:  ☐ 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? ________________________________________________

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: __________________________________________________________

Is there anything else?

☐ Nail trim
☐ I have questions about:_______________________________________________________________

☐ Other: ____________________________________________________________________________

***Did you know that most reptiles carry Salmonella that can infect humans? ***
Please read and keep the attached handout on Salmonella>
Please initial here that you have received this handout: ________________________________