



UNIVERSITY ANIMAL CLINIC

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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 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. 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, chick 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: _____