

Reptile History Form

(This information will become a permanent part of your patient's medical records. Please take time to complete it as correctly as possible. Thank you!)

Name: _____ **Reptile's Name:** _____ **Date:** _____

1. Type of Reptile: _____ Sex (if known): _____ Age: _____
2. Where did you obtain your reptile? _____
3. If known, is it captive bred or wild caught? _____
4. Do you own other reptiles? _____ If yes, what species? _____
5. How long have you owned this animal? _____

Feeding Habits

6. Food/ Prey type(s) _____ Fed live or pre-killed: _____
7. Food/ Prey size/ Amount: _____
Diet Variety/ Alt. Food/ Prey Type: _____
8. Feeding schedule: _____
9. How is water available and when? _____
10. How is the reptile offered food/ prey items? _____
11. Is the reptile fed separately, if housed communally? _____
12. Do you use vitamins and/ or mineral supplements? If so, please tell us what products are used: _____

Housing Environment

13. Cage type (Glass tank, hand built wood, etc.) describe fully: _____
14. Cage size _____ Substrate used _____
15. Decorations used/ hiding places/ other fixtures: _____
16. Water bowl or pool size: _____ Lighting used: _____
17. Heating devices used: _____ Average Temp: AM _____ PM _____
18. How many specimens in a cage? What types and sizes? _____
19. How is the cage ventilated? _____
20. What is the humidity in enclosure: _____

Overall Health/ Condition

21. What in your opinion is the reptile's major problem? _____
22. What do you believe may have caused this condition? _____
23. How long has your reptile had this condition? _____
24. Has your reptile been exposed to other reptiles recently? _____
25. Is there any history or previous illness or injury? _____
26. Are there any medications your reptile is being given currently? _____
27. If yes, please identify the drug and its dose? _____
28. What is your reptile's appetite currently? _____
29. Do its stools appear normal? _____
30. Have there been any recent additions to your collections? _____