REPTILE MEDICAL HISTORY FORM

Owner:____ Date:__________________________

Pet Name: _______________________ Species (common name):__________________________

Coloration: Age / Birthdate: Sex: ☐ M ☐ F ☐ Unknown

ABOUT YOUR REPTILE

1. *Your reptile was obtained:* ☐ Breeder ☐ Pet store ☐ Friend ☐ Humane Soc. ☐ Other:_________

2. *Your reptile is:* ☐ Imported ☐ Domestic bred ☐ Unknown

3. *How long have you owned this reptile:*_____________ Number of reptiles in household:_________

4. *Type of food / prey & treats:*____
☐ Live ☐ Pre-killed Amount:____________________ Feeding schedule: ____________________

5. *How is your reptile's appetite:* ☐ Normal ☐ Other:_______________________________________
How is your reptile's attitude: ☐ Happy-Active-Normal ☐ Depressed-Lethargic ☐ Other:_________
Is your reptile drinking: ☐ Normally ☐ More ☐ Less *than usual.* Size of water bowl:__________
*Your reptile's skin appearance (color & texture):*____

6. *Do you notice any of the following:* ☐ Nasal discharge ☐ Eye discharge ☐ Weight loss
☐ Lethargy / weakness <u>Recent changes in feces:</u> ☐ Color ☐ Consistency ☐ Size

YOUR REPTILE'S ENVIRONMENT

1. *Does your reptile have cage mates:* ☐ Y___________________________________ ☐ N
If yes, are they fed seperately*:* ☐ Y ☐ N

2. *Type of cage:* ☐ Metal ☐ Wood ☐ Glass ☐ Other:____________ Substrate:________________

3. *Cage Size:*_____________________ *Type of lighting:*_____________________________________

4. *Temperature ranges*:_______________________________ Night Temp:_____ Day Temp:______

5. *Heating devices:* ☐ Hot rock ☐ Heating pad ☐ Other______________________________________

6. *Hiding places / decorations / plants:*____

7. *Cage location in the home:*____

8. *How often does your reptile come out of the cage for socialization / handling:*

YOUR REPTILE'S MEDICAL HISTORY

*1. Previous veterinary hospital:*____
May we request your records from their office? ☐ Yes ☐ No ☐ *First visit to a veterinarian*

2. Has your reptile had the following in the last 12 months:

Physical examination:	☐ Yes date:_________________	☐ No	☐ Unsure
Blood screen:	☐ Yes date:_________________	☐ No	☐ Unsure
Fecal sample test:	☐ Yes date:	☐ No	☐ Unsure

Comments:____