



Vestal Veterinary Hospital

Reptile History Form



Reptile's name: _____ Sex: M F Unknown

Species: _____

How was the reptile sexed? Visually Blood test Surgically Probes

Does the reptile have any specific identification (e.g., tattoo, microchip)? _____

If the reptile is a female, has she produced eggs or given birth in the past? If yes, please describe: _____

Reptile is a: Pet Breeder

How was the reptile acquired? Store Breeder Other (describe) _____

Date acquired: _____

Are there any other pets in the house? Yes No

If yes, please specify, including ages and when acquired: _____

When did the reptile last shed its skin? _____

Did the shed appear normal (describe)? _____

Housing:

Where is the reptile kept (specify percentage of time in each location)?

Indoors _____ Outdoors _____ Roam free in house _____

Describe the reptile's enclosure (i.e., size, material) _____

Is the reptile housed alone? Yes No If no, describe: _____

What is/are the heat source(s)? _____

List enclosure temperatures. High temperature (day/night): _____ Low temperature (day/night): _____

Basking site temperature: _____

Humidity: _____

How are heat and humidity measured in the cage? _____

What is/are the light sources(s) (describe hours of use)? _____

Is there a UV or full-spectrum light source? Please describe (including hours of use): _____

What substrate and other objects are in the cage (e.g., sand, gravel, newspaper, PVC, wood, hiding spots)? _____

How often is the cage cleaned? Using what products? _____

Method/frequency of cleaning food/water dishes: _____

Does the reptile hibernate (if applicable)? _____ If yes, where and for what time period? _____

Has the reptile's environment changed recently? Yes No If yes, describe: _____

Is the reptile ever soaked? _____ If so, how often? _____ Where? _____

Diet:

What foods are offered to the reptile and in what total percentages (e.g., 50% green leafy vegetables, 30% crickets)? _____

If live insects are fed, are they offered food ("gut loaded") before being fed to the reptile? _____

If so, with what product? _____

Are any vitamin or mineral supplements offered? If so, list brands: _____

Are any treats offered? What type? How often? _____

Have there been any recent diet changes or new foods? Yes No If yes, describe: _____

How is water offered (e.g., sipper bottle, bowl, dropper)? _____

Reason for Today's Visit:

What signs have you noticed that prompted today's visit? _____

How long have you noticed the problem? _____

Has the reptile been sick previously? _____

Has the reptile been seen by any other veterinarian? Yes No If yes, describe: _____

Have any tests been conducted previously on the reptile?

Blood work Fecal parasite test Skin parasite test X-rays

Other (please describe) _____

Additional comments: _____

Are you aware that reptiles can carry *Salmonella* bacteria? If not, please ask us to explain.