



## REPTILE & AMPHIBIAN HISTORY FORM

A detailed history is essential to provide the most appropriate veterinary care for your animal. Please complete this form as accurately as possible. If there is anything you are unsure about, you can discuss it in more depth with the veterinary staff during your appointment.

### ANIMAL DETAILS

Reptile name or identification: \_\_\_\_\_

Common or scientific species name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M  F  Neutered/spayed  Unknown

Origin: Captive bred  Wild caught import  Unknown

How long have you had this animal? \_\_\_\_\_

From where did you obtain this animal? \_\_\_\_\_

Does your reptile have a reproductive history? Y  N , please give details: \_\_\_\_\_

When did your reptile last shed? \_\_\_\_\_ How often has your reptile been shedding? \_\_\_\_\_

Do you have any other reptiles or pets? Y  N , please give details: \_\_\_\_\_

When was the last reptile added to your household? \_\_\_\_\_

Have you or your reptile had any contact with other reptiles in the last 30 days? Y  N , please give details: \_\_\_\_\_

### REASON FOR PRESENTATION TODAY

What is the primary complaint or what signs have you noticed? How long have these problems been present? \_\_\_\_\_

What health problems has your reptile/amphibian had previously? \_\_\_\_\_

Has your reptile/amphibian received any treatment in the last 30 days? Y  N

If yes, please give details (what was used, dosage, how often, duration?) \_\_\_\_\_

Have you noticed any change in your reptile's behavior? Y  N

If yes, please give details: \_\_\_\_\_

Have any other animals or persons in the household had any illness in the last 30 days? Y  N , please give details: \_\_\_\_\_

## CAGE ENVIRONMENT

What type of cage is used? Arboreal (tall, climbing)  Terrestrial  Aquatic  Cage size: \_\_\_\_\_

What is the cage made of? Plastic/fiberglass  Wooden  Metal  Glass  Other: \_\_\_\_\_

What substrate or bedding is used? \_\_\_\_\_

What décor and furnishings are present? \_\_\_\_\_

Is there additional ventilation (grills or mesh)? Y  N , please give size/details: \_\_\_\_\_

How often is the cage cleaned? \_\_\_\_\_

What cleaning/disinfectant agents are used? \_\_\_\_\_

How often do you bathe your reptile? Describe bathing routine: \_\_\_\_\_

### Heating and Lighting

What heating/lighting equipment is used?

Non-heating UVA/UVB bulb , power \_\_\_\_\_ W, Brand/Model: \_\_\_\_\_

Long tube light  Compact fluorescent (spiral shaped)  Other  \_\_\_\_\_

Date last changed: \_\_\_\_\_

Combo bulb Heat + UVA/UVB bulb , power \_\_\_\_\_ W

Brand/Model: \_\_\_\_\_

Date last changed: \_\_\_\_\_

Ceramic , power \_\_\_\_\_ W

Infrared , power \_\_\_\_\_ W

Spot light or incandescent bulb , power \_\_\_\_\_ W

Heat mat , size: \_\_\_\_\_ Under cage  Inside cage

Aquarium water heater , power \_\_\_\_\_ W Thermostat control: Y  N

Other heaters, please give details: \_\_\_\_\_

Are the heat/light sources screened from the animals? Y  N , please give details: \_\_\_\_\_

Can the animal(s) touch or access the heat/light source? Y  N , please give details: \_\_\_\_\_

Is additional lighting provided inside the cage? Y  N  If yes, describe: \_\_\_\_\_

How many hours of light are provided each day? \_\_\_\_\_

Is there ever access to direct sunlight (not through glass or plastic)? Y  N

If yes, how many hours per day or per week? \_\_\_\_\_

Do you measure the humidity in the cage? Y  N  If yes, what is the humidity level? \_\_\_\_\_

What brand/type and location is the hygrometer? \_\_\_\_\_

What are the daytime temperatures? Hottest area, basking area: \_\_\_\_\_ Coolest area: \_\_\_\_\_

What are the nighttime temperatures? Hottest area, basking area: \_\_\_\_\_ Coolest area: \_\_\_\_\_

Are these temperatures measured using a thermometer? Y  N

What brand/type and location is the thermometer? \_\_\_\_\_

Have there been changes in the reptile's environment in the last 3 months? Y  N  If yes, please give details: \_\_\_\_\_

Does anyone in the household smoke? Y  N

Do you use any aerosolized products? Y  N

## DIET

How often do you feed your animal? \_\_\_\_\_

Indicate which foods are eaten and in what amounts (by number, weight, or approximate volume):

Plant material: Vegetables , type and amount per feed: \_\_\_\_\_

Fresh  Frozen/thawed  Other

Flowers , type and amount per feed: \_\_\_\_\_

Fresh  Frozen/thawed  Other

Fruits , type and amount per feed: \_\_\_\_\_

Fresh  Frozen/thawed  Other

Insects: Crickets , Locusts , Mealworms , Waxworms , Earthworms , other: \_\_\_\_\_

Rodents: Mice  type and number per feed: \_\_\_\_\_

Freshly killed  Frozen/thawed  Live prey

Rats  type and number per feed: \_\_\_\_\_

Freshly killed  Frozen/thawed  Live prey

Birds or fish, please give details: \_\_\_\_\_

Freshly killed  Frozen/thawed  Live prey

Do you feed any wild animals to your animal? Y  N , please give details: \_\_\_\_\_

Any other food items fed? Y  N , please give details: \_\_\_\_\_

Do you use any nutritional supplements? Y  N  If yes, what, how much and how often: \_\_\_\_\_

What water supply do you provide? Tap water  Bottled water  Rain/river water

How is water provided? Bowl  Bottle  Spray  How often? \_\_\_\_\_

How often is the water changed? \_\_\_\_\_

Do you use any water supplements? Y  N  Please give details: \_\_\_\_\_

Have you noticed any changes in feeding or drinking behavior? Y  N  Please give details: \_\_\_\_\_

Have you noticed any changes in droppings (fecal material, urine and urates)? Y  N  Please give details: \_\_\_\_\_

Any other comments or information: \_\_\_\_\_

Middle Creek Veterinary Hospital has a Facebook page and website that we use to educate clients and share interesting pet stories. May we have permission to use photos of your pet, their story and details of his/her medical history to help educate other clients in this way? Y  N

**\*\*Client's names will never be shared. If, at any time, you wish to have your pet's photo or story removed, please alert one of our doctors.**