



## Reptile History

1. Chief Complaint: \_\_\_\_\_
2. Species: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_
3. Origin:  pet shop \_\_\_\_\_  reptile breeder \_\_\_\_\_  
 wild caught \_\_\_\_\_  other \_\_\_\_\_
4. Have you notice any of the following conditions in your pet?

<input type="checkbox"/> abnormal stools	<input type="checkbox"/> vomiting
<input type="checkbox"/> bubbling nose	<input type="checkbox"/> scale loss or deterioration
<input type="checkbox"/> heavy breathing	<input type="checkbox"/> color change
<input type="checkbox"/> swollen eyes	<input type="checkbox"/> skin growths
<input type="checkbox"/> discharge from eyes	<input type="checkbox"/> lethargy
<input type="checkbox"/> aggression	<input type="checkbox"/> mites
<input type="checkbox"/> anorexia/not eating	<input type="checkbox"/> lameness
<input type="checkbox"/> swollen ear(s)	<input type="checkbox"/> unusual odor
<input type="checkbox"/> open mouth breathing	<input type="checkbox"/> other _____
5. Have you noticed any changes in your pet's sleep patterns or activity?  
 no  yes, explain \_\_\_\_\_
6. Photoperiod – exposure to light

<input type="checkbox"/> 14 hours light/ 10 hours dark	<input type="checkbox"/> 12 hours light/12 hours dark
<input type="checkbox"/> 8 hours light/ 16 hours dark	<input type="checkbox"/> natural sunlight
<input type="checkbox"/> UV light	
7. Environmental History
  - a. Cage design

<input type="checkbox"/> glass aquarium	<input type="checkbox"/> wood and plexi glass
<input type="checkbox"/> plexi glass	<input type="checkbox"/> plastic tub
<input type="checkbox"/> wire mesh	
  - b. Cage flooring

<input type="checkbox"/> newspaper	<input type="checkbox"/> bark
<input type="checkbox"/> woodchips	<input type="checkbox"/> vermiculite
<input type="checkbox"/> sand	
  - c. Cage furniture

<input type="checkbox"/> branches	<input type="checkbox"/> artificial plants
<input type="checkbox"/> rocks	<input type="checkbox"/> real plants
  - d. Heat source

<input type="checkbox"/> heat lamp	<input type="checkbox"/> porcelain heater
<input type="checkbox"/> under cage heater	<input type="checkbox"/> hot rock
  - e. Temperature of cage (°F)

<input type="checkbox"/> 60-70	<input type="checkbox"/> 80-85
<input type="checkbox"/> 70-75	<input type="checkbox"/> 85-90
<input type="checkbox"/> 75-80	<input type="checkbox"/> 90-100

f. Extra humidity source:  no  yes if so, explain \_\_\_\_\_

g. Water source  
 bowl  drip system  
 tank  other \_\_\_\_\_  
 plants

h. Water changes  
 2x daily  weekly  
 Daily  monthly  
Additives to the water:  no  yes if so, explain \_\_\_\_\_

i. Hide box:  no  yes

j. Cage cleaning  
 daily  monthly  
 weekly  as needed

k. Disinfectants:  
 bleach  Pinesol  
 409  other \_\_\_\_\_

l. Cage mates  
 same species \_\_\_\_\_ # \_\_\_\_\_  
 other species \_\_\_\_\_ # \_\_\_\_\_

8. Feeding History

fruits  grasshoppers  
 vegetables  crickets  
 dandelions  pinkies  
 earthworms  mice  killed  live  
 mealworms  rats  killed  live  
 waxworms  rabbits  killed  live  
 moths

Supplements provided:  
 Calcium  minerals  
 Vitamin A  other \_\_\_\_\_

9. Last Shed:  
Date \_\_\_\_\_  normal  abnormal

10. Do you hibernate your reptile?  yes  no