

Record No. \_\_\_\_\_

**REPTILE HISTORY FORM**

This information will become a permanent part of your pet's medical record. Please take time to complete it as carefully as possible. THANK YOU!!

Owner's Name \_\_\_\_\_ Date \_\_\_\_\_

Reptile's Name \_\_\_\_\_ Specific Breed/Species \_\_\_\_\_

1. How long have you had this pet? \_\_\_\_\_
  2. From what source did you acquire it?    Pet Shop       Breeder       Friend       Other \_\_\_\_\_
  3. What do you feed your reptile? (Please be specific) \_\_\_\_\_  
Protein/Meat Source \_\_\_\_\_ % of diet    Vegetables \_\_\_\_\_ % of diet  
Fruit \_\_\_\_\_ % of diet    Pelleted/Processed Food \_\_\_\_\_ % of diet  
Grass/hay \_\_\_\_\_ % of diet    Other \_\_\_\_\_ % of diet
  4. Do you give any supplements?                                  No                  Yes  
If yes, what kind/brand of supplements? \_\_\_\_\_
  5. How often is your pet fed?    daily    every other day    3-4x a week    weekly    bi-weekly    other
  6. If your pet is meat eating does it eat    live or    pre-killed prey?  
other \_\_\_\_\_
  7. Is your pet kept indoors or outdoors?  
\_\_\_\_\_
  8. What type of cage/setup or environment is your pet kept in?  
\_\_\_\_\_
  9. If your pet is kept in a cage or enclosure what type of substrate do you use?  
\_\_\_\_\_
  10. What level of humidity is provided?    None                  More than normal air                  High Humidity
  11. Does your pet appear to have any problems?                  No                  Yes
  12. If yes, what symptoms have you noticed? \_\_\_\_\_
  13. When did these symptoms first appear? \_\_\_\_\_
  14. What other reptiles are kept with your pet? \_\_\_\_\_
  15. Has your pet had any previous illnesses?                  No                  Yes
  16. If yes, please list them: \_\_\_\_\_
  17. Has your pet's appetite changed in any way?                  No                  Yes
  18. If yes, please explain: \_\_\_\_\_
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**REPTILE HISTORY FORM PG. 2**



19. Has there been any change in the color or consistency of the pet's bowel movements?    No    Yes

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20. Have you noticed any signs of respiratory problems?    No    Yes

21. Has your pet been exposed to any other reptiles (ex. Boarding, pet shop, etc.)?    No    Yes

22. Has your pet had any blood, culture or fecal tests recently?    No    Yes

23. Is your pet used for breeding?    No    Yes

23. Is there anything else that we need to know about your pet?

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