



## 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

Name or identification: \_\_\_\_\_  
Common/scientific species name: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M M/Neutered F F/Spay Unknown  
Origin: Captive bred Wild caught import Unknown  
How long have you had this animal: \_\_\_\_\_  
From where did you obtain this animal: \_\_\_\_\_  
Does this animal have a reproductive history? N Y Details: \_\_\_\_\_  
When did your reptile last shed and how often does it shed: \_\_\_\_\_  
Do you have any other reptiles/pets in the household? N Y  
If yes, list the number and species: \_\_\_\_\_  
When was the last reptile/amphibian added to your household: \_\_\_\_\_  
Has your animal had contact with any other animals in the last 30 days N Y  
If yes, when and what species: \_\_\_\_\_

### CAGE ENVIRONMENT

Cage location: Inside Outside  
What type of cage: Arboreal Terrestrial Aquatic Dimensions: \_\_\_\_\_  
What is the cage made of: Plastic/Fiberglass Wood Metal Glass  
Other: \_\_\_\_\_ Is there ventilation? N Y Details: \_\_\_\_\_  
Have there been any changes in the environment in the last 3 months? N Y  
If yes, give details: \_\_\_\_\_  
What heating equipment is used:  
Ceramic/infrared, power \_\_\_\_\_W Thermostat control: N Y  
Spot light/bulb, power \_\_\_\_\_W Thermostat control: N Y  
Heat mat, size \_\_\_\_\_ Under cage or Inside cage  
Aquarium water heater, power \_\_\_\_\_ Thermostat control: N Y  
Other: \_\_\_\_\_ Is additional lighting provided inside the cage? N Y  
Light bulb Fluorescent strip light Model/Date of last replacement: \_\_\_\_\_  
Are the lights screened from the animal: N Y Details: \_\_\_\_\_  
Is your animal exposed to full spectrum (UVA/UVB) lighting N Y  
Brand: \_\_\_\_\_ Any exposure to direct sunlight (not through glass/plastic): N Y  
How many hours of light are provided each day: \_\_\_\_\_  
Do you measure humidity N Y If yes, what is the humidity: \_\_\_\_\_  
What are the day time temperatures- Hottest/basking area \_\_\_\_\_ Coolest area \_\_\_\_\_  
What are the night time temperatures- Hottest/basking area \_\_\_\_\_ Coolest area \_\_\_\_\_  
Any smokers in the house: N Y Do you use aerosolized substances: N Y  
How often and how is the cage cleaned: \_\_\_\_\_

**DIET**

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

Which foods are eaten and in what amounts (by weight or approx. volume)...

Vegetables - type/amount/frozen/fresh? \_\_\_\_\_

Fruits -type/amount/frozen/fresh? \_\_\_\_\_

Insects -

Crickets # \_\_\_\_\_ Locusts # \_\_\_\_\_ Mealworms # \_\_\_\_\_ Waxworms # \_\_\_\_\_

Earthworms # \_\_\_\_\_ Other: \_\_\_\_\_

Rodents - Mice # \_\_\_\_\_ Rats # \_\_\_\_\_ Birds/fish # \_\_\_\_\_

Other - \_\_\_\_\_

Nutritional supplements - type/amount/frequency? \_\_\_\_\_

What water supply do you provide? tap water bottled water rain/river water

How is water provided? bowl dripper system spray How often: \_\_\_\_\_

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

Do you use any water supplements? N Y Details: \_\_\_\_\_

Have you noticed any changes in droppings (fecal material/urine/urates)? N Y

Details: \_\_\_\_\_

**REASON FOR PRESENTATION TODAY**

What is the primary complaint or what signs you have noticed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has this animal had previous health problems? N Y Details: \_\_\_\_\_

\_\_\_\_\_

Has this animal received any treatment in the last 30 days: N Y Details (what was used, how often, duration): \_\_\_\_\_

\_\_\_\_\_

Have you noticed any change in this animal's behavior: N Y Details: \_\_\_\_\_

\_\_\_\_\_

Have any other persons or animals in the household had any illness in the last 30 days: N Y Details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_