

## REPTILE PATIENT HISTORY

Owner name: \_\_\_\_\_ Best contact number: \_\_\_\_\_

Today's Date: \_\_\_\_\_

### **Pet Information** (Please Print)

Pet Name: \_\_\_\_\_ Species/Breed: \_\_\_\_\_

Age / D.O.B: \_\_\_\_\_  Male  Female  Unknown

Pet's Color/Morph: \_\_\_\_\_

1. How long have you owned your reptile? \_\_\_\_\_
2. Where was your reptile acquired? \_\_\_\_\_
3. Approximate age of your reptile? \_\_\_\_\_
4. What type of cage is your reptile housed in? \_\_\_\_\_ Dimensions \_\_\_\_\_
5. What type of substrate is on the bottom of the cage? \_\_\_\_\_
6. How often is substrate changed/cleaned? Daily \_\_\_ Weekly \_\_\_ Monthly \_\_\_
7. What type of cleaning chemical is used? \_\_\_\_\_
8. What type of cage accessories are in the cage? \_\_\_\_\_
9. What temperature is the inside of the cage kept? \_\_\_\_\_
10. What humidity level is the inside of the cage? \_\_\_\_\_
11. What is the heat source? \_\_\_\_\_
12. Is there a UVA/UVB light present? \_\_\_\_\_ Last bulb change date? \_\_\_\_\_
13. What do you feed your reptile? \_\_\_\_\_
14. How much do you feed? \_\_\_\_\_ How often do you feed? \_\_\_\_\_
15. Of the food you offer, what does your reptile consume? \_\_\_\_\_
16. Do you supplement calcium? Yes \_\_\_ No \_\_\_ If yes, what type of calcium product do you use?  
\_\_\_\_\_
17. What type of water source is used? \_\_\_\_\_
18. How often is water changed? \_\_\_\_\_
19. Have any reptiles in the house been sick or expire in the last year? Yes \_\_\_ No \_\_\_  
If Yes, how many have died? \_\_\_\_\_ What types? \_\_\_\_\_  
If known, from what diseases? \_\_\_\_\_

LIST OTHER AVIAN OR EXOTIC BREEDS YOU HAVE AT HOME

Pet's Name: \_\_\_\_\_ Pet's Name: \_\_\_\_\_  
Breed \_\_\_\_\_ Breed: \_\_\_\_\_  
Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Pet's Name: \_\_\_\_\_  
Breed \_\_\_\_\_ Breed: \_\_\_\_\_  
Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_