

# REPTILE HISTORY FORM

WEST END VETERINARY OFFICE

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Reptile's name: \_\_\_\_\_ Sex M \_\_\_ F \_\_\_ Unknown \_\_\_

Species: \_\_\_\_\_

How was the reptile sexed? Visually \_\_\_ Blood test \_\_\_ Surgically \_\_\_ Probes \_\_\_

Does the reptile have any specific identification (tattoo, microchip)? \_\_\_\_\_

If the reptile is a female, has she produced eggs or given birth in the past? If yes, please describe:

Reptile is a: Pet \_\_\_ Breeder \_\_\_

How was the reptile acquired? Store \_\_\_ Breeder \_\_\_ Other (describe) \_\_\_\_\_

Date acquired: \_\_\_\_\_

Are there any other pets in the house? Yes \_\_\_ No \_\_\_

If yes, please specify, including ages and when acquired: \_\_\_\_\_

When did the reptile last shed its skin? \_\_\_\_\_

Did the shed appear normal (describe)? \_\_\_\_\_

## Housing

Where is the reptile kept (specify percentage of time in each location)?

Indoors \_\_\_ Outdoors \_\_\_ Roam free in house \_\_\_

Describe the reptile's enclosure (size, material) \_\_\_\_\_

Is the reptile housed alone? Yes \_\_\_ No \_\_\_ If no, describe:

What is/are the heat source(s)? \_\_\_\_\_

List enclosure temperatures. High temperature (day/night): \_\_\_\_\_ low temperature (day/night): \_\_\_\_\_

Basking site temperature: \_\_\_\_\_

Humidity: \_\_\_\_\_

How are heat and humidity measured in the cage? \_\_\_\_\_

What is/are the light source(s) (describe hours of use)?

Is there a UV or full-spectrum light source? Please describe (including hours of use):

What substrate and other objects are in the cage (sand, gravel, newspaper, PVC, wood, hiding spots)?

How often is the cage cleaned? Using what products?

Method/frequency of cleaning food/water dishes:

Does the reptile hibernate (if applicable)? \_\_\_\_\_ If yes, where and for what time period?

Has the reptile's environment changed recently? Yes \_\_\_ No \_\_\_ If yes, describe:

Is the reptile ever soaked?

If so, how often?

Where?

# REPTILE HISTORY FORM (CONT)

## Diet

What foods are offered to the reptile and in what total percentages (ex: 50% green leafy vegetables, 30% crickets!)? \_\_\_\_\_

If live insects are fed, are they "gut loaded"? \_\_\_\_\_

If so, with what product? \_\_\_\_\_

Are any vitamin or mineral supplements offered? If so, list brands: \_\_\_\_\_

Are any treats offered? What type? How Often? \_\_\_\_\_

Have there been any recent diet changes or new foods? Yes \_\_\_ No \_\_\_ If yes, describe: \_\_\_\_\_

How is water offered (sipper bottle, bowl, dropper)? \_\_\_\_\_

## Reason for Today's Visit:

What signs have you noticed that prompted today's visit?

How long have you noticed the problem? \_\_\_\_\_

Has the reptile been sick previously? \_\_\_\_\_

Has the reptile ever been seen by a veterinarian? No \_\_\_ If yes, when and why? \_\_\_\_\_

Have any tests been conducted previously on the reptile?

Blood work \_\_\_ Fecal parasite test \_\_\_ Skin parasite test \_\_\_

Xrays \_\_\_

Other (please describe) \_\_\_\_\_

**Additional comments:**

Are you aware that reptiles can carry *Salmonella* bacteria? If not, please ask us to explain.