

# Reptile History Form



Please complete this form to the best of your ability to help the doctor in treating your reptile. Let the receptionist know when you are done so you may be taken to an exam room where the doctor will examine your pet.

## A. GENERAL INFORMATION

1. Pets Name: \_\_\_\_\_ Sex: (*circle one*) **Male / Female / Unsure**
2. Is this your first reptile? (*circle one*) **Yes / No**
3. Where did you get your reptile? \_\_\_\_\_
4. How long have you had your reptile? \_\_\_\_\_
5. Please list any literature you have about your reptile: \_\_\_\_\_
6. Please list any current treatments and any current or previous medical problems: \_\_\_\_\_  
\_\_\_\_\_
7. Please list other or pets you have at home and if they have any current illness: \_\_\_\_\_  
\_\_\_\_\_
8. Have you noticed..? (*circle all that apply*): **change in stool consistency, change in appetite, weight loss, change in water consumption, vomiting/regurgitation, difficulty breathing, open mouth breathing, limping or not standing properly, shedding problems, lethargy, inactivity.**
9. Would you like information on Salmonella? (*circle one*) **Yes / No**
10. Has your reptile been screened for intestinal parasites? (*circle one*) **Yes / No / Unsure**

## B. CAGING AND ENVIRONMENT INFORMATION

1. Approximate cage dimensions: H\_\_\_ x W\_\_\_ x L\_\_\_ or Gallons \_\_\_\_\_
2. Substrate: (*circle one*) **SAND / BARK / NEWSPAPER / WOOD SHAVINGS / ASTROTURF / OTHER**
3. Do you have a thermometer in the cage? (*circle one*) **Yes / No.** A hygrometer? **Yes / No**  
Temperature: Daytime: \_\_\_ F Basking Site: \_\_\_ F Nighttime: \_\_\_ F  
Humidity Level: (*circle one*) **<20 / 20-40 / 40-60 / 60-80 / >80 %**
4. How is the cage heated? (*circle all that apply*): **HEAT LAMP / HOT ROCK / HEAT PAD / CERAMIC**
5. Are your heating devices regulated with a thermostat? (*circle one*) **Yes / No / Unsure**
6. How is the cage humidified?: \_\_\_\_\_
7. Is there a UVB light in the cage? (*circle one*) **Yes / No / Unsure** Name: \_\_\_\_\_
8. When was your UVB light last replaced? (*circle one*) **6 mos. / 1 yr / More than 1 yr**
9. Does your reptile get natural sunlight unfiltered by glass? (*circle one*) **Yes / No**
10. Does your pet share it's cage with another animal? (*circle one*) **Yes / No** Species: \_\_\_\_\_
11. *If yes*, was it quarantined before introducing it to your current pets? (*circle one*) **Yes / No**

## C. DIET

1. Please list everything your reptile eats: \_\_\_\_\_  
\_\_\_\_\_
2. Frequency and amount eaten?: \_\_\_\_\_
3. Please list all vitamin or mineral supplements your reptile gets: \_\_\_\_\_
4. If insects are fed, are they gut loaded before being offered? (*circle one*) **Yes / No / Unsure**
5. Has your reptile been eating normally? (*circle one*) **Yes / No / Unsure**

*Reptile History Form*

Arboretum View Animal Hospital 2551 Warrenville Rd Downers Grove IL 60515 630-963-0424