

REPTILE PATIENT HISTORY

Pet ID# _____
Office Use Only
Client ID# _____

Pet Information *(Please Print)*

Date: _____

Pet Name: _____ **Species/Breed:** _____

Age / D.O.B: _____ ___ Male ___ Female ___ Unknown

Pet's Color _____

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? _____ Date of purchase? _____
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? _____
What type of water source is used? _____
17. How often is water changed? _____
18. 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: _____