

# REPTILE PATIENT HISTORY

<i>Pet ID#</i> _____
<i>Office Use Only</i>
<i>Client ID#</i> _____

**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? \_\_\_\_\_

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**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: \_\_\_\_\_