REPTILE HISTORY

1. Chief Complaint: _________________________________

2. Species: ___________ Sex: ___________ Age: ________

3. Origin (how you acquired the pet):
   □ pet shop _________________________________
   □ reptile breeder ___________________________
   □ wild/caught ______________________________
   □ other _________________________________

4. Have you noticed any of the following conditions in your pet?
   □ abnormal stools □ vomiting
   □ bubbling nose □ scale loss or deterioration
   □ heavy breathing □ color change
   □ swollen eyes □ skin growths
   □ discharge from eyes □ lethargy
   □ aggression □ mites
   □ anorexia/not eating □ lameness
   □ swollen ear(s) □ unusual odor
   □ open mouth breathing □ other ______________

5. Have you noticed any changes in your pet’s sleep patterns or activity?

6. Photoperiod-exposure to light:
   □ 14 hours light/10 hours dark
   □ 8 hours light/16 hours dark
   □ UV light
   □ 12 hours light/12 hours dark
   □ natural sunlight

7. Environmental History:
   a. Cage Design:
      □ glass aquarium □ wood and plexi glass
      □ plexi glass □ plastic tub
      □ wire mesh □ other _______________________
   b. Cage Flooring:
      □ newspaper □ bark
      □ wood chips □ vermiculite
      □ sand □ other _______________________
   c. Cage Furniture:
      □ branches □ artificial plants
      □ rocks □ real plants
      □ other _______________________

Please Complete The Reverse Side
d. Heat Source:
  □ heat lamp  □ porcelain heater
  □ under cage heater  □ hot rock
  □ other

e. Temperature of Cage (°F):
  □ 60-70  □ 80-85
  □ 70-75  □ 85-90
  □ 75-80  □ 90-100

f. Extra Humidity Source: □ no  □ yes, if so, explain

  ________________________________

  ________________________________

g. Water Source:
  □ bowl  □ drip system
  □ tank  □ other
  □ plants

h. Water Exchanges:
  □ twice daily  □ weekly
  □ daily  □ monthly
additives to the water: □ no  □ yes, if so, explain

  ________________________________

  ________________________________
i. Hide Box: □ no  □ yes, if so, describe

  ________________________________

  ________________________________
j. Cage Cleaning:
  □ daily  □ monthly
  □ weekly  □ as needed

k. Disinfectants:
  □ bleach  □ PineSol
  □ 409  □ other

l. Cage Mates:
  □ same species  □ other

  ________________________________ #  

  ________________________________ #

8. Feeding history
  □ fruits  □ grasshoppers
  □ vegetables  □ crickets
  □ dandelions  □ pinkies
  □ earthworms  □ mice  □ killed  □ live
  □ mealworms  □ rats  □ killed  □ live
  □ waxworms  □ rabbits  □ killed  □ live
  □ moths

Supplements provided:
  □ calcium  □ minerals
  □ vitamin A  □ other

9. Last Shed: Date  □ normal  □ abnormal

How often does your animal shed? ________________________________

10. Do you hibernate your reptile? □ yes  □ no