



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?

<input type="checkbox"/> abnormal stools	<input type="checkbox"/> vomiting
<input type="checkbox"/> bubbling nose	<input type="checkbox"/> scale loss or deterioration
<input type="checkbox"/> heavy breathing	<input type="checkbox"/> color change
<input type="checkbox"/> swollen eyes	<input type="checkbox"/> skin growths
<input type="checkbox"/> discharge from eyes	<input type="checkbox"/> lethargy
<input type="checkbox"/> aggression	<input type="checkbox"/> mites
<input type="checkbox"/> anorexia/not eating	<input type="checkbox"/> lameness
<input type="checkbox"/> swollen ear(s)	<input type="checkbox"/> unusual odor
<input type="checkbox"/> open mouth breathing	<input type="checkbox"/> 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:

<input type="checkbox"/> glass aquarium	<input type="checkbox"/> wood and plexi glass
<input type="checkbox"/> plexi glass	<input type="checkbox"/> plastic tub
<input type="checkbox"/> wire mesh	<input type="checkbox"/> other _____
 - b. Cage Flooring:

<input type="checkbox"/> newspaper	<input type="checkbox"/> bark
<input type="checkbox"/> wood chips	<input type="checkbox"/> vermiculite
<input type="checkbox"/> sand	<input type="checkbox"/> other _____
 - c. Cage Furniture:

<input type="checkbox"/> branches	<input type="checkbox"/> artificial plants
<input type="checkbox"/> rocks	<input type="checkbox"/> real plants
<input type="checkbox"/> other	_____

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 species _____ # _____

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