

# Reptile History Form

## Northwood Animal Hospital

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### General History

Reptiles Name \_\_\_\_\_

Species: \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_ UNK \_\_\_

How Was Your Reptile Sexed? (Visual, Blood Test, Probe) \_\_\_\_\_

If Your Reptile Is Female, Has she Produced Eggs or Given Birth To Young In The Past? \_\_\_\_\_ If Yes Please Explain \_\_\_\_\_

Any Specific Identification? (i.e. Tattoo, Microchip) \_\_\_\_\_

Reptile Is A: Pet \_\_\_\_\_ Breeder \_\_\_\_\_

How Did You Acquire Your Reptile? Store \_\_\_\_\_ Breeder \_\_\_\_\_ Other \_\_\_\_\_

If Other Please Describe: \_\_\_\_\_

Date Acquired \_\_\_\_\_

Do You Have Other Pets? \_\_\_\_\_ If Yes Please Specify In Detail \_\_\_\_\_

When Did Your Reptile Last Shed It's Skin? \_\_\_\_\_

Did The shed Appear Normal (Describe) \_\_\_\_\_

### Housing

Is Your Reptile Kept: Indoors \_\_\_\_\_ Outdoors \_\_\_\_\_ Both \_\_\_\_\_ Roams Free \_\_\_\_\_

Please Specify % of Time In Each Location \_\_\_\_\_

Describe Your Reptile's Enclosure \_\_\_\_\_

Is Your Reptile Housed Alone? \_\_\_\_\_ If No, Describe \_\_\_\_\_

What Is/Are The Heat Source(s)? \_\_\_\_\_

Enclosure Temperatures; High Temperature (Day/Night) \_\_\_\_\_

Low Temperature (Day Night) \_\_\_\_\_

Basking Site Temperature \_\_\_\_\_

What Is The Humidity? \_\_\_\_\_

How Are The Heat And Humidity Measured In The Cage? \_\_\_\_\_

What Is/Are The Light Source(s)? Please Describe Hours Of Use? \_\_\_\_\_

Is There A UV or Full Spectrum Light Source? Please Describe Hours Of Use \_\_\_\_\_

What Substrate And Other Objects Are In The Cage (Sand, Gravel, Paper, PVC, Wood, Hiding Spots)? \_\_\_\_\_

With What Products Is The Cage Cleaned With And Using What Products? \_\_\_\_\_

Method And Frequency Of Cleaning Food/Water Dishes \_\_\_\_\_

Does Your Reptile Hibernate \_\_\_\_\_ If Yes, Where And For What Time Period? \_\_\_\_\_

Has The Reptile's Environment Changed Recently? \_\_\_\_\_ If Yes Describe \_\_\_\_\_

Do You Soak Your Reptile? \_\_\_\_\_ If So, How Often? \_\_\_\_\_ Where? \_\_\_\_\_

### **Diet**

What Foods Are Offered To Your Reptile? \_\_\_\_\_

In What Percentages?(i.e. 30% Greens 70% Crickets) \_\_\_\_\_

If Live Insects Are Fed Are They Offered Food At Home ("Gut Loaded") Before Being Fed To Your Reptile? \_\_\_\_\_

What, If Any, Vitamin/Mineral Supplements Are Given? \_\_\_\_\_

What, If Any, Treats Are Offered? \_\_\_\_\_

Any Recent Diet Changes Or New Food? \_\_\_\_\_ If Yes, Describe \_\_\_\_\_

How Is Water Offered?(i.e. Bowl, Dropper, Sipper Bottle) \_\_\_\_\_

### **Reason For Today's Visit:**

What Signs Have You Noticed That Prompted Today's Visit? \_\_\_\_\_

\_\_\_\_\_

How Long Have You Noticed The Problem? \_\_\_\_\_

Has Your Reptile Been Sick Previously? \_\_\_\_\_

Has Another Veterinarian Ever Seen Your Reptile? \_\_\_\_\_

If Yes, When And Why? \_\_\_\_\_

Have Any Tests Been Performed On Your Reptile? \_\_\_\_\_

If yes, Circle All That Apply: Bloodwork Fecal Parasite Test Skin Parasite Test  
X-Rays Other \_\_\_\_\_

Additional Comments Regarding Your Visit Today: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_