



Reptile History



Room #

Staff use only

Date: _____

Why have you brought your pet to be seen today? _____

Length of problem: _____

Any previous medical problems? no yes _____

Any medical treatments in the last 30 days? no yes _____

When was this reptiles's last visit to a veterinarian? _____ Reason? _____

Have you noticed any behavioral changes in your pet? no yes _____

Have you noticed any changes in eating or drinking behavior? no yes _____

Have you notices any changes in the character or consistency of droppings? no yes _____

When did your pet last shed? _____ How frequently does this occur? _____

Other: _____

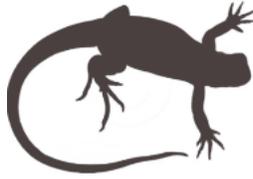
-----*Staff use only*

<i>RR</i>	<i>kg g</i>	<i>Time</i>	<i>Initials</i>
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Reptile History

Dr. Andrew Bean



Staff use only

Date completed: _____

How long have you owned this pet? _____ Origin: captive bred wild-caught unknown _____

Where did you get this reptile? _____ What year was your home constructed? _____

Has your pet's sex been determined? no yes How? _____ Is your reptile spayed or neutered? no yes

Please list all other types of pets in the home; place a star (*) by any of these pets that have contact with this reptile _____

If you have more than one reptile, when was the most recent addition to your collection? _____ Species? _____

Have you or this reptile had any other contact with other reptiles in the last 90 days? no yes _____

Was a quarantine period performed for this pet? no yes For how long? _____

Are there any residents of the home know to have compromised immune systems (i.e. children < 5 years, elderly persons, HIV/AIDS patients, cancer patients)? no yes

Have any other animals or persons in the home been sick within the last 30 days? no yes _____

Exposure to smoke, aerosols, scented products (candles, diffusers)? no yes _____

How often is your pet handled? _____ Does your pet go outside? _____

Cage type: arboreal (tree climbing) terrestrial aquatic Cage dimensions: _____

What are the walls made out of? _____ What type of ceiling? _____

Substrate used on the cage bottom? _____ Location of the cage in the home or on the property? _____

Cage décor or furnishings: _____

Any additional ventilation to cage? _____ Any bathing facilities? _____

How often is the cage cleaned? _____ Disinfectant/cleaner types? _____

Any changes to the environment in the last three months? no yes _____

What is your pet's source of water? bottled tap other _____ How often is it changed? _____

Water supplements? no yes _____ Nutritional supplements? no yes _____

Diet: What foods are fed and how frequently: _____

Insects fed? live housed and fed preserved Mammals/birds fed? live freshly killed frozen/thawed wild prey

Supplemental heat sources: Are the heat sources screened? no yes Can the pet touch/access the source? no yes

ceramic/infrared bulb, power = _____ Watts Thermostat controlled? no yes

spot light/bulb, power = _____ Watts Thermostat controlled? no yes

heat mat, size = _____ Cage location? inside outside Thermostat controlled? no yes

aquarium water heater, power = _____ Watts Thermostat controlled? no yes

other _____ Thermostat controlled? no yes

Temperature in the cage: _____ How do you measure the temperatures in the cage? _____

Daytime hottest (basking spot) temp? _____ Daytime coolest spot temp? _____

Nighttime hottest (basking spot) temp? _____ Nighttime coolest spot temp? _____

Supplemental lighting? no yes, lightbulb yes, florescent strip Model/manufacturer? _____

Date last replaced? _____ Is it screened? no yes Can the pet touch/access it? no yes

How many hours of light are provided per day? _____

How many hours per week of direct sunlight (not through plastic or glass)? _____

What is the humidity in the cage? _____ How is this measured? _____