

Pre-Register at Gentle Vet Animal Hospital...

REPTILE HISTORY FORM Print this page and fill out before coming in.



Reptile History Form

Brown County Veterinary Hospital 1476 University Ave. Green Bay, WI 54302 (920)435-5000

Reptile's name: _____ Sex: M F Unknown

Species: _____

How was the reptile sexed? Visually Blood test Surgically Probes

Does the reptile have any specific identification (e.g., tattoo, microchip)? _____

If the reptile is a female, has she produced eggs or given birth in the past? If yes, please describe: _____

Reptile is a: Pet Breeder

How was the reptile acquired? Store Breeder Other (describe) _____

Date acquired: _____

Are there any other pets in the house? _____ If yes, please describe, including ages and when acquired: _____

When did the reptile last shed its skin? _____

Did the shed appear normal (describe)? _____

Housing

Where is the reptile kept (specify percentage of time in each locations)?

Indoors _____ Outdoors _____ Roam free in house _____

Describe the reptile's enclosure (i.e., size, material) _____

Is the reptile housed alone? _____ If no, please describe: _____

What is/are the heat source(s)? _____

List enclosure temperatures. High temperature (day/night): _____ Low temperature (day/night): _____

Basking site temperatures: _____

Humidity: _____

How are heat and humidity measured in the cage? _____

What is/are the light source(s) (describe hours of use)? _____

Is there a UV or full-spectrum light source? Please describe, including hours of usage: _____

What substrate and other objects are in the case (e.g., sand, gravel, newspaper, PVC, wood, hiding spots)? _____

How often is the cage cleaned? Using what products? _____

Does the reptile hibernate? _____ if yes, where and for what time period? _____

Has the reptile's environment changed recently? Yes No If yes, describe: _____

Is the reptile ever soaked? _____ If so, how often? _____ Where? _____

Diet

What foods are offered to the reptile and in what percentages (e.g., 50% green leafy vegetables, 30% crickets)? _____

Do you supplement the foods with anything such as vitamins? If so, what kind and how often? _____

If live insects are fed, are they offered food ("gut leaded") before being fed to the reptile? _____

If so, with what products? _____

Are any treats offered? What types? How often? _____

Have there been any recent diet changes or new foods? If yes, describe: _____

How is the water offered (e.g., sipper bottle, bowl, dropper)? _____

Reason for Today's Visit:

What signs have you noticed that prompted today's visit? _____

How long have you noticed the problem? _____

Has the reptile been sick previously? _____

Has the reptile been seen by any other veterinarian? If yes, When and why? _____

Have any tests been conducted previously on the reptile?

Blood work? _____ Fecal Parasite Test? _____ Skin parasite test? _____ X-rays? _____

Other (please describe): _____

Additional Comments: _____



Are you aware that reptiles can carry Salmonella bacteria? If not, please ask us to explain.