

## Reptile and Amphibian History

Owner's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Species: \_\_\_\_\_

Length of ownership: \_\_\_\_\_

Source:  Pet Shop  Breeder  Reptile Show  Other \_\_\_\_\_Food type (be specific): \_\_\_\_\_ Any live prey?  No  Yes

Enclosure Type: \_\_\_\_\_ Light Source: \_\_\_\_\_

Heat Source: \_\_\_\_\_ Temperature: \_\_\_\_\_

Humidity: \_\_\_\_\_ Cleansers: \_\_\_\_\_

Substrate:  Newspaper  Artificial Turf  Wood Chips  Stones  
 Coconut  Other \_\_\_\_\_Have you noticed any current health problems?  No  Yes

If yes, please explain: \_\_\_\_\_

If yes, how long have you noticed them: \_\_\_\_\_

Any previous illnesses?  No  Yes

If yes, please explain: \_\_\_\_\_

Any recent medications?  No  Yes

If yes, please list: \_\_\_\_\_

When did you pet last eat? \_\_\_\_\_

Any change in appetite?  No  YesAny change in color or consistency of droppings?  No  YesAny regurgitation?  No  YesAny respiratory problems?  No  YesAny other animals in the enclosure?  No  YesIf yes, do those animals have similar symptoms?  No  YesAny new animals in your collection?  No  Yes

If yes, where are they from: \_\_\_\_\_

Has this pet been exposed to any other animals?  No  YesDo you hibernate or breed your pet?  No  Yes**For reptiles:**When was last shed? \_\_\_\_\_ Did it appear normal?  No  Yes

If it was not normal, please describe: \_\_\_\_\_

Other comments:  
\_\_\_\_\_  
\_\_\_\_\_