

# REPTILE HISTORY FORM

**Client Name (last, first):**  
\_\_\_\_\_

**Date of Visit:** \_\_\_\_\_



Carrollton West Pet Hospital  
3729 Old Denton Road  
Carrollton, Texas 75007  
(972) 492-1828

## General History

Species \_\_\_\_\_

Reptile's Name \_\_\_\_\_ Sex: Male or Female Sex Unknown

How was your reptile sexed? (Visual, Blood Test, Surgical or Probes) \_\_\_\_\_

Date pet acquired? \_\_\_\_\_ Any specific identification? (ie: tattoo, microchip) \_\_\_\_\_

If your reptile is female, has she produced eggs or given birth to young in the past? (if yes, please describe) \_\_\_\_\_

Reptile is a: Pet \_\_\_\_\_ Breeder \_\_\_\_\_ How did you acquire your reptile? Store or Breeder: \_\_\_\_\_

Other (describe): \_\_\_\_\_

Do you have any other pets? Y or N If yes, please specify, include ages & when acquired \_\_\_\_\_

When did your reptile last shed its skin? \_\_\_\_\_ Did the shed appear normal (describe)? \_\_\_\_\_

## Housing

Is your reptile kept (circle):   Indoors   Outdoors   Both   Roam free in house

Please specify % time for each location \_\_\_\_\_

Describe your reptile's enclosure (size, material) \_\_\_\_\_

Is your reptile housed alone? Y or N 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? Y or N Please describe (including hours of use) \_\_\_\_\_

What substrate and other objects are in the cage (sand, gravel, newspaper, PVC, wood, hiding spots)? \_\_\_\_\_

How often is the cage cleaned? \_\_\_\_\_ Using what products? \_\_\_\_\_

Method/ frequency of cleaning food/ water dishes \_\_\_\_\_

Does your reptile hibernate (if applicable)? \_\_\_\_\_ If yes, where and for what time period? \_\_\_\_\_

Has the reptile's environment changed recently? Y or N If yes, describe \_\_\_\_\_

Do you soak your reptile? Y or N If so, how often? \_\_\_\_\_ Where? \_\_\_\_\_

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## Diet:

What foods are offered to your reptile? \_\_\_\_\_

What total percentages? (i.e.: 50% green leafy vegetables, 30% crickets, etc) \_\_\_\_\_

If live insects are fed, are they offered food at home ("gut loaded") before being fed to your reptile? Y or N

If so, with what product are they being fed? \_\_\_\_\_

Any vitamin or mineral supplements offered? Y or N Brand name? \_\_\_\_\_

Any treats offered? Y or N Type? \_\_\_\_\_ How often? \_\_\_\_\_

Any recent diet changes or new foods? Y or N If yes, describe \_\_\_\_\_

How is water offered? (i.e.: 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 your reptile been sick previously? Y or N

Has any other veterinarian ever seen your reptile? Y or N If yes, when? \_\_\_\_\_

Why was your pet seen? \_\_\_\_\_

Have any tests been performed previously on your reptile? Y or N

Please circle all that apply: Bloodwork, fecal parasite test, skin parasite test, radiographs (X-rays)

Other (please describe) \_\_\_\_\_

Additional comments (your comments regarding the reason for this visit):

\_\_\_\_\_  
\_\_\_\_\_

ARE YOU AWARE THAT REPTILES CAN CARRY THE SALMONELLA BACTERIA?  
IF NOT, PLEASE ASK US TO EXPLAIN.