

Reptile History Form
Southport Animal Hospital

Animal Details

Pet's name: _____ Breed/Species: _____

DOB: _____ Age: _____ Sex: Male _____ Female _____ Intact? Yes No

Captive bred _____ Wild caught/import _____ Unknown _____

How long have you had this pet? _____

From where did you obtain this pet? _____

Any reproductive history? Yes/No If yes, details _____

When did your pet last shed? _____

How often does your pet shed? _____

Do you have any other reptiles or other pets? Yes/No

If yes, please list all pets: _____

Have you or your pet had any contact with another reptile within the last 30 days? Yes/No

Reason for Presentation Today

What is the primary complaint or what signs have you noticed? _____

How long have these problems been present? _____

What health problems has your pet had previously? _____

Has your pet received any treatment for these problems within the last 30 days? Yes/No

If yes, details: _____

Have you noticed any change in behavior? Explain.

Environment & Enclosure

What type of enclosure is used for this pet? _____

Enclosure size: _____ What is it made of? _____

Type of substrate used: _____

What furnishings or décor present? _____

Is there additional ventilation (grills or mesh)? Yes/No Details: _____

Are bathing facilities provided? Yes/No Details: _____

How often is the enclosure cleaned? _____

What cleaning products are used? _____

What heating equipment is used? _____

Are the heat sources screened from the pet? Yes/No Can the pet touch them? Yes/No

What lighting equipment is used? _____

How many hours of light are provided each day? _____

Is there ever access to direct sunlight (not through glass/plastic)? Yes/No

How many hours of direct sunlight is your pet exposed to per week? _____

Do you measure the humidity in the enclosure? Yes/No What is the humidity level? _____%

What are the day time temperatures? Hottest area _____°F Coolest area _____°F

What are the night time temperatures? Hottest area _____°F Coolest area _____°F

Are these temperatures measured using a thermometer? Yes/No

Have there been any changes to the pet's environment within the last 3 months? Yes/No

If yes, details: _____

Diet

How often do you feed your pet? _____

List all foods your pet eats & their amounts: _____

Where do you obtain your pet's food? _____

Do you give any supplements? _____

Is water readily available? Yes/No How is water provided? _____

Have you noticed changes in food/water intake? Yes/No Details: _____

Have you noticed any changes in urine/feces? Yes/No Details: _____

Additional Comments:
