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Mount Laurel, NJ • mlahvet.com

24 Hour Emergency & Specialty Care

Reptile History Form

DATE: _____

CLIENT ID: _____

PATIENT NAME: _____

LAST NAME: _____

Instructions: An accurate history of your pet is extremely important. We would appreciate your cooperation in providing us with the following information. Please check the appropriate boxes or use the spaces provided.

1. Patient information

Species:

Gender: Female Male

Date of birth/hatch:

Date acquired:

How big was the reptile when you first acquired it?

Source (pet store, breeder, previous owner):

Captive bred or wild caught?

Number of previous owners (other than breeder, store):

What other states and countries has your reptile lived in?

2. Environment

Where is this reptile kept in the house?

Enclosure

Cage (type, size):

What is on the bottom of the cage?

What types of hiding places are provided?

List species of live plants in enclosure:

Is there a soaking/swimming tub?

Please describe any other furnishings:

How often is the cage cleaned, and what cleaning products are used?

Aquatic species:

How often is the water changed?

What type of filtration is used?

Do you use a dechlorinator or any other type of water treatment?

No Yes - Describe:

Lighting

Does your reptile receive sunlight? No Yes - estimated hours per week:

Does the sunlight pass through glass or plastic before reaching the reptile? Yes No

Artificial lighting in enclosure / living space:

Incandescent ("screw-in" bulbs):

Wattage(s):

Hours per day:

Fluorescent (tube bulbs):

Brand(s):



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Hours/day:

How often are the fluorescent bulbs changed?

Temperature

Do you have a thermometer(s) in the cage? Yes No

What is the temperature in:

The warmest part of the cage?

The coolest part of the cage?

What device(s) are used to maintain the temperature?

Hot rock Heating pad

Warm heat Heat light

Ceramic heater Aquarium heater

Other, describe

Is there a thermostat? Yes No

Is the temperature decreased at night? No Yes - by how much?

Humidity

Is the cage misted? No Yes - How often:

Is the humidity measured? No Yes - Range:

How much time does your reptile spend outside of the enclosure (average hours / day):

Is your reptile supervised when it is out? Always No Sometimes

Is supplemental heating provided outside the cage? No Yes - Type:

Have you ever noticed your reptile eat any household objects?

Is the reptile ever taken outside? No Yes - Describe:

List recent changes in the environment, if any:

Does your reptile hibernate? No Yes - Please describe the duration, temperature, and monitoring that you provide during hibernation:

3. Other Pets

If you have acquired any new pets within the past 6 months, please provide species, date, and source:

Do you have other pets? No Yes - List:

Are any of your other pets ill? No Yes - Describe:

4. Diet:

What percent of your reptile's diet consists of the following (please describe what the animal actually eats, rather than what is offered):

%. _____ Vegetables, fruits - list types:

%. _____ Insects, mealworms, etc. - list types:

Are they "gut loaded" or dusted before feeding to your reptile?

No Yes - Describe:



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%: _____ Rodents, chicks, etc. - list types and source:

Are they fed: Live Killed Both

%: _____ Pellets, commercial diet or canned food - list types:

%: _____ Other - describe:

How often do you feed your reptile?

Please list any supplements used, as well as how they are given and how often?

Does your reptile eat anything other than its intended diet (e.g. the cat's food, houseplants)?

How is water offered (e.g. dish, misting, drip system)?

Please list any recent additions/changes in the diet? No Yes - Describe:

5. Shedding

When was the last shed?

Was it normal? Yes No - Describe:

6. Reproductive

Do you plan on breeding this animal? Yes No Possibly

How many clutches/litters has this reptile produced?

When was the most recent clutch/litter?

How many eggs/babies were laid?

Were the offspring healthy? Yes No - Describe:

Has your reptile ever had difficulty laying? No Yes - Describe:

7. Prior Medical History

Has your reptile ever been tested or treated for internal or external parasites?

No Yes - Describe (dates and medications used):

Has your reptile had any other prior conditions, problems, or operations (list with date, if known):

8. Is your reptile here for:

A well-pet check up (ie, no major health concerns)? If so, please skip to section 10.

A sick / unhealthy evaluation with health concerns.



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If your pet is sick, please describe the signs and how long your pet has been showing these signs:

Is your pet's general activity level: Normal Decreased Increased

Is your pet's appetite: Normal Decreased Increased

Have you noticed any of the following?

- Weight loss
- Weight gain
- Discharge from the eyes or nose
- Increased breathing rate or effort
- A change in the droppings
- Abnormal skin color or shedding
- Parasites on the skin or in the feces
- Weakness

Have you used any medications from a pet store?

9. Other Veterinary Care

Has your reptile been seen by another veterinarian for any of the current problems?

No Yes - When:

Please list tests performed:

Please list medications given:

10. Is there anything else you would like done today?

- Nail trim
- I have questions about:
- Other: