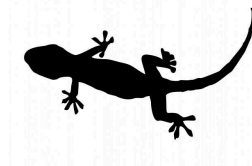




For Pet's Sake

Pet History: Reptile



Pet's Name: _____ Species: _____ Breed: _____

Hatch Date: _____ Sex: Male Neutered Female Spayed Unsure If female, has your pet laid eggs before? Yes No If yes, has your pet ever been egg bound? Yes No

Color(s): _____ Microchipped: Yes No Unsure Tattoos/Markings: _____

Reason For Today's Visit?: _____

Previous Veterinary Clinic: _____ Phone Number: _____

History:

Previous Illness: _____

Chronic Illness: _____

Previous Surgeries: _____

Any Known Allergies: Medications: _____ Food: _____

Vaccines: _____ Other: _____

Where did you get your pet from? Pet Store Convention Rescue Breeder Friend

Other, Please Specify: _____

Are there any other pets in your home? Yes No If yes, do they live in the same room or habitat? Please specify: _____

Does your pet live in: Glass Aquarium Tank PVC Enclosure Rack System

Other, Please Specify: _____

What size habitat does your pet live in?: _____

Does your habitat have a UVB? Yes No If yes, what type? _____ Last changed? _____

What type of heat sources does your pet have? (Bulbs, mats, ect.) What wattage are they?: _____

Basking Temp. _____ Warm Temp. _____ Cool Temp. _____ Night Temp. _____

What type of substrate/flooring is your pet on? _____

How many hides does your pet have? _____

Does your pet have a water dish? Yes No

Do you soak your pet? Yes No If yes, Please specify for how long and how often?: _____

What type of food does your pet eat?: _____

How much and how often does your pet eat?: _____

If your pet eats insects, are the insects gut loaded? Yes No If yes, with what?: _____