Pet History: Reptile

Pet's Name: _____ Species: _____

• ☐ Birthday / ☐ Gotcha Day: _____ • Sex: ☐ Male ☐ Female ☐ Unsure

• If female: has she laid eggs before? ☐ Yes ☐ No If yes, has she ever been egg bound? ☐ Yes ☐ No

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

Reason for today's visit?: _____

Previous veterinary clinic:_____ Vet phone number: _____

History

Any previous or chronic illness:_____

Previous surgeries: _____

Any known allergies: _____

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

☐ Other, please specify:_____

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 a: ☐ Glass/Acrylic Tank or Aquarium ☐ PVC Enclosure ☐ Rack System

☐ Other, please specify: _____

What size is the above habitat? _____

Does the habitat have UVB light? ☐ Yes ☐ No • If yes, what type? _____ Last changed? _____

What type of heat sources does your pet have? (Bulbs, mats, etc) 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? _____ Are any of them humid hides? ☐ Yes ☐ No

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? _____

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