

REPTILE HISTORY FORM

WEST END VETERINARY OFFICE

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Reptile's name: _____ Sex M ___ F ___ Unknown ___ Age _____

Species: _____

Has this reptile been sexed? ___ If so, how? _____

If female, has she produced eggs or given birth in the past? If yes, please describe:

How was the reptile acquired? Store ___ Breeder ___ Other (describe) _____

Date acquired: _____

Are there any other pets in the house? Yes ___ No ___

If yes, please specify species: _____

When did this reptile last shed its skin? _____

Did the shed appear normal (describe)? _____

Housing

Where is the reptile kept (specify percentage of time in each location)?

Indoors ___ Outdoors ___ Free Roaming _____

Describe the type of enclosure (size, material) _____

Describe Environment (sand, gravel, newspaper, PVC, wood, hiding spots)? _____

Is the reptile housed alone? Yes ___ No ___ If no, describe:

What is/are the heat source(s)? _____

List enclosure temperatures: High temperature (day/night): _____ low temperature (day/night): _____

Basking site temperature: _____

Humidity: _____

How are heat and humidity measured in the cage? _____

What is/are the light source(s) (describe hours of use)?

How often are the bulbs changed? _____

How often is the cage/ dishes cleaned? Using what products? _____

Does this reptile hibernate (If applicable)? _____ If yes, where and for what time period?

Has this reptile's environment changed recently? Yes ___ No ___ If yes, describe:

Is the reptile ever soaked? _____ If so, how often? _____ Where? _____

REPTILE HISTORY FORM (CONT)

Diet

What foods/ treats are offered to the reptile and in what total percentages (ex: 50% green leafy vegetables, 30%

crickets)? _____

If live insects are fed, are they "gut loaded"? _____

If so, with what product? _____

Are any vitamin or mineral supplements offered? If so, list brands: _____

Have there been any recent diet changes or new foods? Yes ___ No ___ If yes, describe: _____

How is water offered ? _____

Reason for Today's Visit:

What signs have you noticed that prompted today's visit?

How long have you noticed the problem? _____

Has the reptile been sick previously? _____

Has the reptile ever been seen by a veterinarian? No ___ Yes ___, for what? If yes, please have records sent to us. _____

Have any tests been conducted previously on the reptile?

Blood work ___ Fecal parasite test ___ Skin parasite test ___ Xrays ___

Other (please describe)

Additional comments: