



A detailed History is essential to provide the most appropriate veterinary care for your animal.  
Please complete this form as accurately as possible.  
If there is anything you are unsure about, you can discuss this in more detail during your appointment.



## REPTILE HISTORY FORM

### CLIENT INFORMATION

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Post code: \_\_\_\_\_  
 Telephone numbers: \_\_\_\_\_  
 Email: \_\_\_\_\_ @ \_\_\_\_\_

### PATIENT INFORMATION

Name: \_\_\_\_\_  
 Species: (common) \_\_\_\_\_ Scientific: \_\_\_\_\_  
 Age: \_\_\_\_\_ Sex: (please tick one) Male  Female  unknown   
 How was the reptile sexed? Probed  Surgically (endoscopy)  Visually   
 Colour / markings \_\_\_\_\_  
 Identification: Microchip  other  please specify \_\_\_\_\_

### REASON FOR TODAY'S VISIT

What is the primary complaint or signs you have noticed? \_\_\_\_\_  
 \_\_\_\_\_  
 For how long has this been a problem? \_\_\_\_\_  
 Has this reptile had any previous health problems? \_\_\_\_\_  
 Has your reptile received any treatment in the last 30 days? (if yes please provide details including dose, frequency and duration) \_\_\_\_\_  
 Have you noticed any change in your reptile's behaviour? Yes  No  (if yes please provide details) \_\_\_\_\_  
 \_\_\_\_\_

### HISTORY

Where did you obtain the reptile presented today? \_\_\_\_\_  
 How long have you owned this reptile? \_\_\_\_\_  
 If Known please provide the origin: Captive Bred  Wild Caught (imported)  Unknown   
 Is this reptile: A Pet  or Breeding Stock   
 If breeding Stock have you noticed any reproductive activity? \_\_\_\_\_  
 When did this reptile last shed? \_\_\_\_\_ How Often does this usually occur? \_\_\_\_\_  
 Did the reptile shed correctly without assistance? \_\_\_\_\_  
 Do you own other reptiles or pets? Yes  No  (if yes please give details) \_\_\_\_\_

### ENVIRONMENT

Where is your reptile kept? Indoors  Outdoors  Both   
 What is the enclosure made of? \_\_\_\_\_  
 Does the enclosure have additional ventilation (please describe) \_\_\_\_\_



## Environment Continued ...

What size is the enclosure? Width \_\_\_\_\_, Depth \_\_\_\_\_, Height \_\_\_\_\_

What temperature is the enclosure (DAY)? Hottest Point \_\_\_\_\_ C/F, Coldest Point \_\_\_\_\_ C/F

What temperature is the enclosure (NIGHT)? Hottest Point \_\_\_\_\_ C/F, Coldest Point \_\_\_\_\_ C/F

Are these temperatures measured with a thermometer? Yes  No

Does a thermostat control the temperature? Yes  No  (brand): \_\_\_\_\_

What is the average humidity in the enclosure? 0 - 30%  30 - 70%  70 - 100%

Is the reptile kept alone? Yes  No  (if no please give details) \_\_\_\_\_

What bedding material (substrate) is used? \_\_\_\_\_

What décor and furnishings are present? hide box  branches  rocks  plants  other \_\_\_\_\_

(Please give details): \_\_\_\_\_

Are bathing /spraying facilities provided? Yes  No  (Please give details): \_\_\_\_\_

How Often is the enclosure cleaned? \_\_\_\_\_

What cleaning products are used? \_\_\_\_\_

Has your reptile's environment changed recently? (Please give details): \_\_\_\_\_

Is your reptile allowed out of its cage (if yes how much time approximately)? \_\_\_\_\_

Is the reptile supervised when allowed out of its cage? \_\_\_\_\_

Does your reptile have regular exposure to natural sunlight? Yes  No  \_\_\_\_\_

Is your reptile exposed to full spectrum UVA/UVB lighting? Yes  No  Brand? \_\_\_\_\_

When was this first purchased or replaced? \_\_\_\_\_

Are heat/light sources protected (e.g. with guard) Yes  No

How many hours of darkness does your reptile receive in 24 hours? \_\_\_\_\_

## Diet

How often do you feed this reptile? \_\_\_\_\_

Indicate what food sources are provided and the percentage each makes up of their diet

Food Type: \_\_\_\_\_ %: \_\_\_\_\_

Food Type: \_\_\_\_\_ %: \_\_\_\_\_

Food Type: \_\_\_\_\_ %: \_\_\_\_\_

Food Type: \_\_\_\_\_ %: \_\_\_\_\_

Food Type: \_\_\_\_\_ %: \_\_\_\_\_

Do you use any nutritional supplements? Yes  No  (if yes what)? \_\_\_\_\_

What water supply do you provide? Tap water  Bottled water  Rain/River water

How is water provided? Bowl  Dripper System  Spray  Other (Please give details): \_\_\_\_\_

How often is the water changed? \_\_\_\_\_

Do you use any water supplements? (if yes what)? \_\_\_\_\_

Have you changed your reptiles diet in the last 30 days? Yes  No  (if yes what changes were made) \_\_\_\_\_

Have you noticed any changes in your reptiles eating or drinking behaviour? Yes  No

(if yes what) \_\_\_\_\_

How often does your reptile defecate (pass faeces)? \_\_\_\_\_

Have you noticed any changes to the faeces recently? Yes  No  (if yes what) \_\_\_\_\_

**Please Note: We require full payment at the time of treatment. Payment can be made by cash, cheque with a valid guarantee card or most credit and debit cards.**