



## REPTILE HISTORY FORM

Revised 5.29.24

A detailed history is essential to provide the most appropriate veterinary care for your animal. Please complete this form as accurately as possible. Please email pictures of habitat to [reception@lanieranimalhospital.com](mailto:reception@lanieranimalhospital.com).

### ANIMAL DETAILS

Name or identification: \_\_\_\_\_ Common or scientific species name: \_\_\_\_\_

Approximate Age: \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_ Neutered/spayed \_\_\_\_\_ Unknown: \_\_\_\_\_

Origin: captive bred \_\_\_\_\_ wild caught import \_\_\_\_\_ How long have you had this animal? \_\_\_\_\_

From where did you obtain this animal? \_\_\_\_\_

Does your reptile have a reproductive history? \_\_\_\_\_ Provide details. \_\_\_\_\_

When did your reptile last shed? \_\_\_\_\_ How often has your reptile been shedding? \_\_\_\_\_

Do you have any other reptiles or pets? \_\_\_\_\_ If yes, provide details. \_\_\_\_\_

### CAGE ENVIRONMENT

What type of cage/what is it made of? \_\_\_\_\_ What are the dimensions? \_\_\_\_\_

What décor and furnishings are present? \_\_\_\_\_ Substrate used? \_\_\_\_\_

How often is the cage cleaned? \_\_\_\_\_ What cleaning agents are used? \_\_\_\_\_

What heating equipment is used? \_\_\_\_\_ Average time kept on? \_\_\_\_\_

What type of light is used? light bulb \_\_\_\_\_ fluorescent strip light \_\_\_\_\_ UVB \_\_\_\_\_ model/manufacturer? \_\_\_\_\_

When was the light last replaced? \_\_\_\_\_ How many hours of light are provided each day? \_\_\_\_\_

Is there ever access to direct sunlight (not through glass or plastic)? \_\_\_\_\_ If yes, how many hours per day? \_\_\_\_\_

Do you measure the humidity in the cage? \_\_\_\_\_ If yes, what is the humidity level? \_\_\_\_\_

What are the day time temperatures? Hottest basking area = \_\_\_\_\_ Coolest area = \_\_\_\_\_

What are the night time temperatures? Hottest basking area = \_\_\_\_\_ Coolest area = \_\_\_\_\_

Have there been changes in the environment in the last 3 months? \_\_\_\_\_ Give details \_\_\_\_\_

**Please continue on the back of this form →**

**DIET**

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

Indicate which foods are eaten and in what amounts (by number, weight, or approximate volume):

Plant material: Vegetables \_\_\_\_\_ Type & amount per feed: \_\_\_\_\_

Flowers \_\_\_\_\_ Type & amount per feed: \_\_\_\_\_

Fruits \_\_\_\_\_ Type & amount per feed: \_\_\_\_\_

Insects: crickets \_\_\_\_\_ dubia roaches \_\_\_\_\_ mealworms \_\_\_\_\_ waxworms \_\_\_\_\_ other \_\_\_\_\_

Rodents: mice or rats \_\_\_\_\_ Type & number per feed: \_\_\_\_\_

Any other food items fed? Provide details: \_\_\_\_\_

Do you gut load your insects before feeding? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you use any nutritional supplements? \_\_\_\_\_ If yes, type/how much/how often? \_\_\_\_\_

What water supply do you provide? tap water \_\_\_\_\_ bottled water \_\_\_\_\_ rain/river water \_\_\_\_\_ other \_\_\_\_\_

How is the water provided? bowl \_\_\_\_\_ dripper system \_\_\_\_\_ spray \_\_\_\_\_ How often? \_\_\_\_\_

How often is the water changed? \_\_\_\_\_ Have you noticed any changes in feeding or drinking behavior? \_\_\_\_\_

If yes, provide details: \_\_\_\_\_

Have you noticed any changes in droppings (fecal material, urine and urates)? \_\_\_\_\_ If yes, provide details: \_\_\_\_\_

\_\_\_\_\_

**REASON FOR APPOINTMENT TODAY**

What is the primary complaint or what signs have you noticed? \_\_\_\_\_

Has this reptile had previous health problems? \_\_\_\_\_ If yes, provide details: \_\_\_\_\_

\_\_\_\_\_

Has your reptile received any treatment or medications in the last 30 days? \_\_\_\_\_ If yes, provide details: \_\_\_\_\_

\_\_\_\_\_

Any other comments or concerns: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_