

Cape May Veterinary Hospital

Reptile/Amphibian History Form

Date: _____

Owner's Name _____

Patient Information:

Pet's name _____ Species (ie: Leopard Gecko, Ball Python): _____

Birth Date/Approx Age: _____ Colors/Markings: _____

Sex (**Check One**): Male Female Unknown How long have you had? _____

Is pet from: Pet Store / Breeder / Previous Owner / Show / Wild Caught / Found

When was last shed? _____ Was it (circle): One piece / Patchy / Other _____

Environment:

Pet lives: Indoor / Outdoor / Both Enclosure type: Glass Tank / Plastic / Wire Mesh / Other: _____

Enclosure size: _____ Enclosure accessories: _____

Soaking/swimming tub? **Y** or **N** How often is water changed? _____

Type of bedding/substrate: _____

List any other reptiles in house: _____ Are any sick? **Y** or **N**

Any changes in the environment? _____

If aquatic pet (ie: water turtle), what type of filtration is used? _____

How often is water changed? _____ Is pet fed in separate tank? **Y** or **N** Is there a dry basking area? **Y** or **N**

Lighting/Temperature/Humidity Control:

Does your reptile receive natural sunlight? **Y** or **N** If yes, how many hours per day? _____

Does sunlight pass through glass/plastic before reaching reptile? **Y** or **N**

Is UV lighting provided? **Y** or **N** How many hours per day? _____ How often are bulbs changed? _____

Circle any devices used for heating: Heat rock / Heat pad / Heat light / Ceramic heater / Other _____

How many thermometers are in enclosure? _____ What is the daily temperature range? _____

Is cage misted? **Y** or **N** If yes, how often? _____

Diet:

What percent of the diet consists of the following (Please list % of what pet actually eats - should total 100%)

Veggies: _____% Fruits: _____% Insects(mealworms, crickets, hornworms, etc) _____%

Pellets/Canned/Other commercial diet: _____% Type/brand: _____

Rodents/Other: _____% **Circle One:** Live **or** Killed Are they gut loaded? **Y** or **N**

Vitamin dusted before feeding? **Y** or **N** If dusted, with what and how often? _____

How often is pet fed? _____ How is water offered? **Circle one:** Dish/Misting/Drip System/Aquatic pet

Which food items are favorites? _____

Current Condition:

Pet is here for: **Circle One:** Wellness Checkup **or** Sick Visit If sick visit, describe symptoms and how long they have been present: _____

Any previous conditions, problems, surgeries? _____

Is pet's activity level: **Circle One:** Normal - Decreased - Increased

Is pet's appetite: **Circle One:** Normal - Decreased - Increased

Have you noticed any of the following: Weight Loss / Gain - Eye Discharge - Weakness - Parasites -
Change in Droppings - Breathing Changes - Abnormal Skin/Moult

Any medications being used? _____

Has reptile been seen by another vet? **Yes** or **No** If yes, when/where was most recent visit? _____

Any other questions/concerns? _____