Reptile History Form

Reptile's name: ________________________________ Sex: ☐ M ☐ F ☐ Unknown ☐

Species: ____________________________

How was the reptile sexed? Visually ☐ Blood test ☐ Surgically ☐ Probes ☐

Does the reptile have any specific identification (e.g., tattoo, microchip)? ____________________________

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

Reptile is a: Pet ☐ Breeder ☐

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, including ages and when acquired: ____________________________

When did the 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 ☐ Roam free in house ☐

Describe the reptile’s enclosure (i.e., size, material) ____________________________

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)? ____________________________

Is there a UV or full-spectrum light source? Please describe (including hours of use): ____________________________

What substrate and other objects are in the cage (e.g., sand, gravel, newspaper, PVC, wood, hiding spots)? ____________________________

How often is the cage cleaned? Using what products? ____________________________

Method/frequency of cleaning food/water dishes: ____________________________

Does the reptile hibernate (if applicable)? ________ If yes, where and for what time period? ____________________________

Has the reptile’s environment changed recently? Yes ☐ No ☐ If yes, describe: ____________________________

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

Courtesy of University of California-Davis Veterinary Medical Teaching Hospital.
Diet
What foods are offered to the reptile and in what total percentages (e.g., 50% green leafy vegetables, 30% crickets)?
If live insects are fed, are they offered food ("gut loaded") before being fed to the reptile? ____________
If so, with what product? ____________
Are any vitamin or mineral supplements offered? If so, list brands: ____________
Are any treats offered? What type? How often? ____________
Have there been any recent diet changes or new foods? Yes □ No □ If yes, describe: ____________
How is water offered (e.g., sipper bottle, bowl, dropper)? ____________

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 been seen by any other veterinarian? Yes □ No □ If yes, when and why? ____________

Have any tests been conducted previously on the reptile?
Blood work □ Fecal parasite test □ Skin parasite test □ X-rays □ Other (please describe) ____________

Additional comments: ____________
Are you aware that reptiles can carry Salmonella bacteria? If not, please ask us to explain.