

VCA Forestville Animal Hospital

5033 Gravenstein Highway North, Sebastopol, CA 95472

P 707-887-2261 vcaforestville.com

Reptile History Form

General History

Species: _____ Reptile's Name: _____

Sex: Male Female Unknown

How was your reptile sexed?

(visual, blood test, surgical, or probes) _____

Any specific identification? (ie: tattoo, microchip) _____

If your reptile is a female, has she produced eggs or given birth to young in the past? Yes No (if yes, please describe)

Reptile is a: Pet Breeder

How did you acquire your reptile? Store Breeder Other _____

Date acquired? _____

When did your reptile last shed its skin? _____

Did the shed appear normal (describe)? _____

Housing where your reptile kept (please specify % time in each location):

Indoors _____ Outdoors _____ Both _____ Roam free in house _____

Describe your reptile's enclosure (size, dimensions, material) _____

Is your reptile housed alone? Yes No If no, list other cagemates (species + sex) _____

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

Do you have a thermometer/ hygrometer in the cage? Yes No If so what type? _____

Enclosure temperatures: High temperature (day/night) _____ Low temperature (day/night) _____

Basking site temperature _____

What is the humidity (%)? _____

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

Is there a UVA + UVB light source? Yes No Please describe (including brand, strength, coiled vs strip, hours of use)

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

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

Method/frequency of cleaning food/water dishes _____

Does your reptile hibernate/brumate (if applicable)? Yes No

If yes, where and for what time period? _____

Has the reptile's environment changed recently? Yes No

If yes, describe: _____

Do you soak your reptile? Yes No If so, how often? _____ Where? _____

(Flip page for additional questions)



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Diet

What foods are offered to your reptile/in what total percentages? (i.e.: 50% green leafy vegetables, 30% crickets, etc):

If live insects are fed, are they offered food at home ("gut loaded") before being fed to your reptile?

If so, with what product/brand? _____

Do you give any supplements? Yes No Type? _____ How often? _____

Any treats offered? Yes No Type? _____ How often? _____

Any recent diet changes or new foods? Yes No

If yes, describe: _____

How is water offered? (i.e. 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 your reptile been sick previously? _____

Has any other veterinarian seen your reptile? Yes No

If yes, when/why? _____

Additional Comments:

ARE YOU AWARE THAT REPTILES CAN CARRY THE SALMONELLA BACTERIA? IF NOT, PLEASE ASK US TO EXPLAIN.

