VCA South Shore (Weymouth) Animal Hospital

Client Sticker

Department of Avian and Exotic Animal Medicine
Reptile History Form

General History

Patient Name			
Common/scientific name			
Date of birth/Age		☐Approximate	☐Exact
Sex	☐M ☐F ☐Unknown ☐Neutered/Spayed	Determined by:	
		☐Physical exam / Visual	☐Endoscopy
		☐Other	
Identification (please give number if applicable)	☐ Tag	☐ Tattoo	
	☐ Microchip	☐ Other	
What is the origin of your pet?	☐Breeder	☐Swap meet	
	☐Pet Store / Online retailer	☐Rescue	
	☐Wild caught import	☐Unknown	
	☐Captive bred	☐Other	
How long have you had your pet?			
Do you have other reptiles at home?	☐Yes ☐No	Describe:	
When was the last reptile added to your collection?			
Do you have other non-reptile animals at home?	☐Yes ☐No	Describe:	
Any contact with other reptiles in the last 30 days?	☐Yes ☐No	Describe:	

Diet

Please indicate which foods are eaten, and in what amounts (by number, weight, approximate volume, etc.):	
Plant material:	☐Vegetables: Type and amount per feed: _____ ☐Frozen/thawed ☐Fresh ☐Other ☐Flowers: Type and amount per feed: _____ ☐Frozen/thawed ☐Fresh ☐Other ☐Fruits: Type and amount per feed: _____ ☐Frozen/thawed ☐Fresh ☐Other
Insects:	☐Crickets (_____) ☐Locusts (_____) ☐Mealworms (_____) ☐Waxworms (_____)☐Earthworms (_____)☐Roaches (_____)☐ Other(_____)

Rodents/Other:	☐Mice: Type and number per feed: _____ ☐Rats: Type and number per feed: _____ ☐Birds or fish: Type and number per feed: _____ ☐Freshly killed ☐Frozen/thawed ☐Live prey
Do you feed any wild animals to your pet?	☐ No☐ Yes Describe:
Any other food items fed? Describe	
How often do you feed your pet?	
When was food last offered?	
Does your pet eat consistently? Please describe.	
Any nutritional supplements offered?	☐ No☐ Yes Describe:
Any recent diet changes?	☐ No☐ Yes Describe:
What water supply do you provide?	☐Tap water ☐Bottled water ☐Rain/river water
How is water provided?	☐Bowl ☐Dripper system ☐Spray, how often:
How often is water changed?	
Do you use any water supplements?	☐ No☐ Yes Describe:
Any changes in feeding or drinking behavior?	☐ No☐ Yes Describe:
Any changes on droppings (fecal material, urine, or urates)?	☐ No☐ Yes Describe:

Housing

Is your pet kept…	☐Indoors	☐Outdoors	☐Both			
What type of habitat/cage is used?	☐Arboreal (tall, climbing)	☐Terrestrial (primarily ground)	☐Aquatic or Semiaquatic	Cage size: _____		
What is the cage made of?	☐Plastic / Fiberglass	☐Wood	☐Metal	☐Glass	☐Mesh	☐Other
What décor and/or furnishings are present?						
Is there additional ventilation (mesh, fans)?	☐No☐Yes. Describe:					
Does your pet have access to direct sunlight (not through glass or plastic)?	☐Yes ☐No					
	Frequency and length of time:					
Does your pet have access to artificial full-spectrum (UVA and UVB) light?	☐Yes ☐No					
	Type and Brand of bulb: Length of time of light per day: How often the bulb is changed:					

What type of heating equipment is used?	☐Ceramic or Infrared bulb Thermostat control? ☐Yes ☐No Power = ___W	☐Spot light/bulb Thermostat control? ☐Yes ☐No Power = ___W	☐Heat mat Thermostat control? ☐Yes ☐No Size= _____ ☐Outside or ☐Inside of cage	☐Aquarium water heater Thermostat control? ☐Yes ☐No Power = ___W
Any other heating equipment used?	☐ No☐ Yes Describe:			
Can the pet(s) touch or access the heat source(s)?	☐ No☐ Yes Describe:			
Do you have meters that measure the following…?	☐Temperature	☐Humidity	☐UVA/UVB	☐No meter present
Is any additional lighting provided inside the cage?	☐Yes ☐No If yes, what type of bulb? ☐Light bulb (Model and manufacturer:_____) ☐Fluorescent strip light (Model and manufacturer_____)			
When were the light sources last replaced?				
Are the light sources screened from the pet(s)?	☐ No☐ Yes Describe:			
Can the pet(s) touch or access the light source(s)?	☐ No☐ Yes Describe:			
Does your pet have a gradient of temperatures?	☐Yes ☐No ☐Unsure	Describe:		
What are the day time temperatures?	Hottest/Basking area: _____	Coolest area: _____		
What are the night time temperatures?	Hottest/Basking area: _____	Coolest area: _____		
Are these temperatures measured with a thermometer?	☐Yes ☐No			
How many hours of light/darkness does your pet have each day?	Light: _____ hours Dark: _____ hours			
Do you measure humidity in the enclosure?	☐No ☐Yes (What is the humidity source and level? _____)			
Is your pet housed alone?	☐Yes ☐No	Describe:		
Any water available for in the enclosure for soaking?	☐Yes ☐No	Describe:		
How often is the cage cleaned?				
What products are used to clean it?				
Are bathing facilities provided?	☐ No☐ Yes Describe:			
Does anyone in the household smoke?	☐Yes ☐No			
Do you use any aerosolized products?	☐ No☐ Yes Describe:			

Medical History

Has your pet ever been to another veterinarian?	☐Yes ☐No ☐Unsure	Location and dates:
Any reproductive history?	☐Yes ☐No ☐Unsure	Describe:
When did your pet last shed?		
How often does your pet usually shed?		
Does your pet have any history of any medical conditions?	☐ Yes ☐ No ☐ Unsure	Describe:
Has your pet received any medications or treatments in the past 30 days?	☐Yes ☐No ☐Unsure	Describe:
Have you noticed any changes in your pet's behavior?	☐Yes ☐No ☐Unsure	Describe:
Have you noticed any changes in your pet's defecation?	☐Yes ☐No ☐Unsure	Describe:

Reason For Today's Visit

What is your reason for visit?	☐Wellness / Healthy pet	☐Sickness / Ailment / Injury	☐Other
If your pet is sick, what is the primary complaint today, or what signs have you noticed?			
How long have these problems been present?			
Have there been any changes in your pets environment in the last 3 months?	☐Yes ☐No	Describe:	
Have any other animals or persons in the household had any illness in the last 30 days?	☐Yes ☐No	Describe:	