

Reptile History Form (Snakes and Lizards)

original

Background Information:

Owner name: _____ Date _____

Pet's name _____ Date of birth/age _____

Sex: M F Unknown How determined: DNA Surgical Probed Visual

Length of time owned: _____ Where acquired: Breeder/Pet store/Other _____

Do you have any other reptiles? Yes No If yes, please specify: _____

Reptiles are housed: Together Separately

If not housed together, where are other reptiles located in regards to this reptile? _____

Any other pets? Yes No If yes, please specify: _____

When did your reptile last shed it's skin? _____ Was the shed normal? _____

Do you mist or soak your reptile? Yes No If yes, how often? _____

Husbandry:

Enclosure

Is your reptile kept: Indoors Outdoors Roams free in house

Type of caging (metal, wood, etc.): Sides _____ Bottom(base): _____

Dimensions of cage(approx.): Length _____ Width _____ Height _____

Briefly describe your reptile's cage (rocks, type of branches/plants, hiding structures, etc.)

Is there a soaking tub/bowl in the cage? Yes No

Do you use a mister or fogger in the cage? Yes No If yes, how often is it misted? _____

Type of substrate/bedding used (reptile carpet, sand, mulch, etc.) _____

How often is the cage cleaned? _____ What type of disinfectant is used? _____

Does your reptile spend time out of the cage? Yes No If so, how much time and where? _____

Continued on next page →

Lighting

Does your reptile receive sunlight? Yes No If yes, approximately how many hours per week? _____

What type of lighting is used in the cage?

Incandescent: **During the day** – Color of bulb: _____ Wattage: _____ How many hours per day used: _____
At night – Color of bulb: _____ Wattage: _____ How many hours per day used: _____
Florescent/UVB: **During the day** – Color of bulb: _____ Wattage: _____ How many hours per day used: _____
At night – Color of bulb: _____ Wattage: _____ How many hours per day used: _____

Temperature

What devices are used to maintain cage temperature?

Hot rock Heat pad Warm room Heat light Ceramic heater Aquarium heater Other: _____

Do you have a thermometer **inside** the cage? Yes No

If yes, what are the temperatures? Temperatures **at night**: High _____ Low _____

Temperatures **during the day**: High _____ Low _____

What is the average temperature of the basking site (warmest part of the cage)? _____

What is the average temperature of the coolest part of the cage? _____

Do you have a humidity gauge inside the cage? Yes No

If yes, what is the humidity of the cage? High _____ Low _____

Nutrition:

Types of foods offered:

Pellets or powder? Yes No

If yes, what brand? _____ Amount fed/frequency: _____

Insects, mealworms, crickets, etc.? Yes No

If yes, what types? _____
Amount fed/frequency: _____

Rodents? Yes No

If yes, what types? _____
Amount fed/frequency: _____

Fruits or vegetables? Yes No

If yes, what types? _____

Amount fed/frequency: _____

Is Calcium supplemented? Yes No

If yes, how is it provided (powder, spray, tablets, etc.)? _____

Other supplements? Yes No

If yes, what types/brands? _____

Any other types of foods given? _____

Water source: _____ How often is the water changed? _____

Please fill in the percent of total diet in each category that your pet actually eats:

Seeds	Pellets	Vegetables	Fruits	Nuts	Dairy/Meat	Breads/Grains	Other	Total

Medical History:

Please list previous medical problems (if any): _____

Has your reptile been recently exposed to other reptiles? (new reptile, boarding, etc.) Yes No

Have there been any changes in your reptile's environment? (moved cage, new cage, etc.) Yes No

If yes, please specify: _____

Does your reptile have any behavior problems? _____

Have there been any changes in your reptile's stool? (number, color, consistency, etc.) Yes No

If yes, please specify: _____

Does your reptile hibernate? Yes No If yes, please describe duration, location, and temperature: _____

Please check any symptoms or problems that you have noticed about your pet:

- Decreased appetite Increased appetite Anorexia(not eating at all) Weight loss
- Vomiting/regurgitation Difficulty breathing Lethargy Change in skin color
- Abnormal shed Diarrhea
- Nasal or eye discharge Other _____