

## Reptile and Amphibian History

Owner's Name:		Date:	
Patient's Name:		Species:	
Length of ownership:			
Source: <input type="checkbox"/> Pet Shop <input type="checkbox"/> Breeder <input type="checkbox"/> Other:			
Food type (be specific):		Any live prey? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Enclosure Type:	Light Source:	Heat Source:	Temperature:
Humidity:	Cleansers:		
Substrate: <input type="checkbox"/> Newspaper <input type="checkbox"/> Artificial Turf <input type="checkbox"/> Wood Chips <input type="checkbox"/> Stones <input type="checkbox"/> Coconut <input type="checkbox"/> Other:			
Have you noticed any current health problems? If yes, please explain: If yes, how long have you noticed them?		<input type="checkbox"/> No <input type="checkbox"/> Yes	
Any previous illness? If yes, please explain:		<input type="checkbox"/> No <input type="checkbox"/> Yes	
Any recent medications? If yes, please list:		<input type="checkbox"/> No <input type="checkbox"/> Yes	
When did your pet last eat?			
Any change in appetite?		<input type="checkbox"/> No <input type="checkbox"/> Yes	
Any change in color or consistency of droppings?		<input type="checkbox"/> No <input type="checkbox"/> Yes	
Any regurgitation?		<input type="checkbox"/> No <input type="checkbox"/> Yes	
Any respiratory problems?		<input type="checkbox"/> No <input type="checkbox"/> Yes	
Any other animals in the enclosure? If yes, do those animals have similar symptoms:		<input type="checkbox"/> No <input type="checkbox"/> Yes	
Any new animals in your collection? If yes, where are they from:		<input type="checkbox"/> No <input type="checkbox"/> Yes	
Has this pet been exposed to any other animals?		<input type="checkbox"/> No <input type="checkbox"/> Yes	
Do you hibernate or breed your pet?		<input type="checkbox"/> No <input type="checkbox"/> Yes	
For Reptiles: When was last shed? If it was not normal, please describe:		Did it appear normal? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Other Comments:			