

NEW REPTILE/AMPHIBIAN PATIENT INFORMATION SHEET

Client's Name: _____ Date: _____

Pet's Name: _____ Species: _____

Sex: Male Female Unknown Age: _____ Owned how long? _____

Pet originally obtained from: dealer _____ pet store _____ other _____

Please fill out this brief questionnaire to help us understand your pet's current health information. Check some boxes and fill in others.

Today's Visit: General Wellness Examination Specific Health Concerns

List Concerns: (e.g., abnormal breathing, abnormal stools, eye problems, injury, skin problems, change in food or water consumption; activity change, weight loss)

Ill how long?

Describe Cage Type: (Approximate size, shape) _____

Cage substrate / furnishings: _____

Location in House: _____ Near Window or Outside Door? _____

Temperatures: Room Temperature: hi _____ low _____ ; Inside Cage Temp. high _____ low _____

Cage floor temp.? _____ Water temp. (if used) _____ Use thermometers? _____

Heating Devices: heat lamp _____ heat pad _____ heat rock _____ water heater _____ emitter _____

Lighting: UVB light? Y ___ N ___; if yes, Brand _____; months used since new? _____

Distance of UVB light from pet? _____; # hours of UVB light daily _____

Regular light: # Hours of light daily _____; Use light timers? _____

Feeding: List primary foods _____

(live or dead if prey species? _____) How often is your pet fed? _____ Last

time it ate? _____ Are insects gut-loaded or dusted with supplements? _____

Exposed to: Cigarette smoke? _____ Examined/treated for parasites? _____

Last veterinary exam done: _____

Past Medical Problems? 1. _____ 2. _____