



Reptile and Amphibian History Form

Pet's Name: _____ Pet Parent: _____

Common Species Name: _____

DOB: _____ Age: _____ Sex: _____

Date Acquired: _____ Acquired From: _____

Date Last Shed: _____ Shedding Frequency: _____

Bathing Frequency: _____

Other Reptiles/Amphibians in the Household: _____

Other Pets in Household: _____

Habitat

Cage Type: _____ Cage Size: _____

Cage Materials, including bedding: _____

Decoration/Furniture: _____

Ventilation: _____

Heating Equipment: _____

Highest Temperature: _____ Surrounding Room Temperature: _____

Highest Humidity Level: _____ Source: _____

Light Type: _____ Last Bulb Change: _____

Cleaning Products Used: _____ Cleaning Frequency: _____

Other: _____

Diet

Food Type: _____ Fresh/

Frozen/Live



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Amount per Feeding: _____ Feeding Frequency: _____

Water Supply: _____

Supplements: _____ Supplement Frequency: _____

Other: _____

Medical History

Primary Compliant: _____ Duration: _____

Previous Health Concerns and Procedures: _____

Current Medications: _____

Previous Medications: _____

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- To help our veterinarian better understand your pet's environment, we encourage you to take pictures of the enclosure and have them available during your pet's exam.
- Also, as part of your pet's initial exam, we recommend that you bring in a fresh fecal sample. This sample will be sent to the lab and tested for internal parasite