



REPTILE HISTORY FORM

Patient Name: _____ Owner: _____ Date: _____

Breed/Type: _____ Primary Color: _____

- How long have you owned this pet? _____
- Where did you obtain this pet? (Pet Store, Breeder, Wild Caught, Friend) _____
- Do you have other reptiles? If yes are they cagemates/housemates? Are they healthy?
 - _____
- Please describe:
 - Housing: _____ Bedding/Furniture/Toys: _____
 - Heat Source: _____ Cage Temp. _____ Thermometer? _____
 - UV Light Source: _____ Bulb Age: _____
 - Water/Humidity Source (Please indicate yes or no):
 - Water Bowl _____ Cage Plants _____ Manual Misting _____ Automatic Drip System _____
- Describe typical diet (include brand-name if available):
 - _____
- List any medications, insecticides or nutritional (vitamin/mineral, gut loading) supplements used:
 - _____
- Describe previous medical problems/treatments:
 - _____
 - _____

Does your pet:

- ___ YES ___ NO Have a history of ingesting foreign objects (Carpet, plastic, other)? _____
- ___ YES ___ NO Go outside? If yes, where? _____
- ___ YES ___ NO Travel, board or attend shows? If yes, where? _____
- ___ YES ___ NO Roam the house? If yes, where? _____
- ___ YES ___ NO Have exposure to toxins (2nd hand smoke, metal, pesticides, other)? _____

Comments or Questions? _____

Thank you for choosing Westgate Pet and Bird Hospital