

Kettle Moraine Veterinary Clinic  
2712 Eastern Avenue P.O. Box 439  
Plymouth, WI 53073  
(920) 892-4225

Date: \_\_\_\_\_

## Reptile History Form

It is important to provide an accurate history of your pet in order to receive the best treatment options available. Please provide information regarding the questions below.

### 1. Patient Information

Name: \_\_\_\_\_

Species: \_\_\_\_\_

Date of birth/hatch: \_\_\_\_\_

Gender: Male Female Unknown

Spayed/Neutered: Yes No Unknown

How do you know the gender of your reptile? DNA Surgically Physical Traits Probe Ultrasound

Where did you obtain your reptile? Breeder Pet Store Friend/Family Rescue Found/Caught

How long have you had your reptile? \_\_\_\_\_

What other pets are kept in the house? \_\_\_\_\_

### 2. Environment

What type of enclosure does your reptile live in? \_\_\_\_\_

What are the dimensions of the enclosure? H: \_\_\_\_\_ x W: \_\_\_\_\_ x L: \_\_\_\_\_

What type of cage furnishings do you have? Natural branches Fake branches Foliage Real plants Stones

Dig box Water bowl Hide box Other: \_\_\_\_\_

What is the bottom of the enclosure? Newspaper Corn cob Kitty litter Towel Tile Paper Towel

Wood shavings/Chips Rubber mat Indoor/Outdoor carpet Dirt

Moss Bare gravel Calci-Sand Play sand Other: \_\_\_\_\_

What is the temperature? Day \_\_\_\_\_ Night \_\_\_\_\_ Basking site \_\_\_\_\_

Thermostat: Yes No Thermometer: Yes No Location: \_\_\_\_\_ Hygrometer: Yes No

How do you heat the enclosure? Light bulb Heat cable Heat tape Under tank heaters Hot Rock

Ceramic heat emitters Mercury bulbs Room heater Water heater

Other: \_\_\_\_\_

What is the humidity of the environment? \_\_\_\_\_

How do you control the humidity? Humidifier in room Mister/fogger Drip system Spraying

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How much water is offered? Dish Tray Dropper/Mister Portion of Cage Aquatic Soaking

How is water filtered? In-tank filter Bio-wheel Canister None

How often is water changed? \_\_\_\_\_

Wat strength of UVB bulb do you have? 2.0 5.0 10.0 How often do you replace it? \_\_\_\_\_

Does your pet get natural sunlight? Yes No If yes, how? Outdoors Window How long? \_\_\_\_\_

How long are the lights on/off? Day: \_\_\_\_\_ Night? \_\_\_\_\_

### 3. Diet

What do you feed your pet? \_\_\_\_\_

How often do you feed your pet? \_\_\_\_\_

How often does your pet defecate? \_\_\_\_\_

Do you use: Calcium Calcium with phosphorus Calcium with Vitamin D Multi-vitamin

If applicable, how often do you use calcium? \_\_\_\_\_ Multi-vitamin \_\_\_\_\_

### 4. Reason for Presentation Today

What is the primary complaint or what sign have you noticed? \_\_\_\_\_

\_\_\_\_\_

How long have these problems been present? \_\_\_\_\_

What health problems has your pet had recently? \_\_\_\_\_

Has your pet received any treatment in the last 30 days? Yes No

If yes. Please give details (what was used, dosage, frequency, etc.) \_\_\_\_\_

\_\_\_\_\_

Have you noticed any changes in your pet's behavior? Yes No

Have any other animals or persons in the household had any illness in the last 30 days? Yes No

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

Thank You!

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