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

Date:			

Reptile History Form

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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

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: