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?
  o ________________________________________________________________
• Please describe:
  o Housing: ___________________  Bedding/Furniture/Toys: ___________________
  o Heat Source: ______________  Cage Temp._______  Thermometer? ______________
  o UV Light Source: __________________  Bulb Age: ______________
  o 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):
  o _____________________________________________________________
• List any medications, insecticides or nutritional (vitamin/mineral, gut loading) supplements used:
  o _____________________________________________________________
• Describe previous medical problems/treatments:
  o _____________________________________________________________
  o _____________________________________________________________

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