



## Reptile History Form

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### Patient Info.

Owner's Name: \_\_\_\_\_ Pet's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Species: \_\_\_\_\_ Breed: \_\_\_\_\_ Gender: M F Unknown Age: \_\_\_\_\_  
How long have you owned pet: \_\_\_\_\_ How big was reptile when first acquired: \_\_\_\_\_  
Is pet:  Captive Bred  Wild Caught  Pet Store  Breeder  Previous Owner  Show  Found  
Does pet have microchip:  Yes  No If No, do you want one today:  Yes  No  
When was last shed: \_\_\_\_\_ Was it:  One piece  Patchy  Incomplete

### Environment

Is your reptile kept:  Indoors  Outdoors  Both  
Enclosure Type:  Wood with Glass  Glass Tank  Plastic  Mesh/Wire  Yard  Pond  Other  
How large is enclosure: \_\_\_\_\_ Types of hiding places: \_\_\_\_\_  
List species of live plants: \_\_\_\_\_ Soaking/Swimming tub:  Yes  No  
Please describe other furnishings: \_\_\_\_\_  
How often is the cage cleaned and list cleaning products used: \_\_\_\_\_

Aquatic Reptile, How often is the water changed: \_\_\_\_\_  
What type of filter used: \_\_\_\_\_  
Do you use a dechlorinator or any other type of water treatment: \_\_\_\_\_

### Lighting

Does your reptile receive sunlight:  Yes  No Estimated hours per week: \_\_\_\_\_  
Does the sunlight pass through glass or plastic before reaching reptile:  Yes  No  
Artificial lighting:  Incandescent/screw-in bulbs; wattages: \_\_\_\_\_  Fluorescent/tube bulbs;  
Brand: \_\_\_\_\_ Hrs per day: \_\_\_\_\_  
How often are fluorescent bulbs changed: \_\_\_\_\_

### Temperature

Do you have thermometer in cage:  Yes  No  
Day Temp. in warmest part of cage: \_\_\_\_\_ Coolest part: \_\_\_\_\_  
Night Temp. in warmest part: \_\_\_\_\_ Coolest part: \_\_\_\_\_  
What devices are used for heating  Heating rock  Heat pad  Heat light  Ceramic heater  
 Aquarium heater  Other \_\_\_\_\_ Is there a thermostat:  Yes  No Type: \_\_\_\_\_

### Humidity

Is the cage misted:  Yes  No How often: \_\_\_\_\_ Is humidity measured:  Yes  No Range: \_\_\_\_\_  
Do you soak your reptile outside the cage:  Yes  No Where and how often: \_\_\_\_\_  
How much time does your reptile spend outside of the enclosure: \_\_\_\_\_  
Is your reptile supervised when it is out:  Always  Sometimes  No  
Is supplemental heating provided outside cage:  Yes  No if yes, Type: \_\_\_\_\_  
Have you ever noticed your reptile eat any household objects: \_\_\_\_\_  
Does reptile go outdoors:  Yes  No Describe: \_\_\_\_\_

Does your reptile hibernate:  Yes  No if yes; which months \_\_\_\_\_ where \_\_\_\_\_  
Temp. Range: \_\_\_\_\_ How often is reptile checked: \_\_\_\_\_  
Do you have other pets:  Yes  No If yes, are other pets in same cage: \_\_\_\_\_  
Any new reptiles within the past 6 months; species, date; source: \_\_\_\_\_  
List any other pets you have: \_\_\_\_\_ Are any pets sick: \_\_\_\_\_  
List any recent changes in the environment: \_\_\_\_\_

### **Diet**

What percent of the diet consists of the following (please list what the animal actually eats, should total 100% ) Veggies \_\_\_\_\_ % Fruits \_\_\_\_\_ %  
Insects, mealworms, etc. \_\_\_\_\_ % Are they:  gut loaded  dusted before feeding.  
Describe: \_\_\_\_\_  
Rodents, chicks, etc, list types & source: \_\_\_\_\_  
Are the fed  Live  Killed  Both  
Pellets, commercial diet or canned. List type/brand: \_\_\_\_\_ %  
Grazing in yard: \_\_\_\_\_ % Other \_\_\_\_\_ %  
Supplements, types/brands, & how often: \_\_\_\_\_  
How often do you feed reptile: \_\_\_\_\_  
Does reptile eat anything other than intended diet (e.g. the cat's food, house plants): \_\_\_\_\_  
How often is water offered: \_\_\_\_\_  Dish  Misting  Drip system  Other \_\_\_\_\_

### **Reproductive**

Do you plan on breeding this reptile:  Yes  No  Possibly  
How many clutches/litters has this reptile produced: \_\_\_\_\_ How many live offspring: \_\_\_\_\_  
When was the most recent clutch/litter: \_\_\_\_\_ How many eggs/babies: \_\_\_\_\_  
Has your reptile ever had difficulty laying:  Yes  No if yes, Describe: \_\_\_\_\_  
Has your reptile ever been tested or treated for internal or external parasites:  Yes  No  Not sure  
Please list dates and medications used: \_\_\_\_\_  
Any previous conditions, problems, surgeries (list dates): \_\_\_\_\_

### **Current Condition**

Is reptile here for a:  Wellness check up  Sick pet If sick, please describe the signs & how long symptoms have occurred: \_\_\_\_\_  
Is reptile's activity level:  Normal  Decreased  Increased  
Appetite:  Normal  Decreased  Increased  
Have you noticed any of the following:  Weight loss  Weight gain  Discharge from eyes  
 Change in droppings  Skin/Fecal parasites  Increased breathing rate/effort  
 Abnormal skin color/shedding  Weakness  
Are any medications being used: \_\_\_\_\_  
Has your reptile been seen by another vet:  Yes  No  
If yes, when/where was the most recent visit: \_\_\_\_\_  
May we contact this clinic for records:  Yes  No  
Is there anything else you would like done today: \_\_\_\_\_  
 Nail trim  Sexing  Other \_\_\_\_\_  
Any questions, comments, or concerns: \_\_\_\_\_

