



Reptile History Form

Avian & Exotic Clinic
Of Palm City
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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: _____

(There is a back)

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: _____

