



## Reptile History Form

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

Pet's name: \_\_\_\_\_ Species: \_\_\_\_\_

Sex: M F Unknown Date of birth: \_\_\_\_\_

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

Where did you obtain your reptile? \_\_\_\_\_

### Housing:

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

• What are the dimensions? H \_\_\_\_\_ x W \_\_\_\_\_ x L \_\_\_\_\_

• Do you use a hygrometer (humidity meter)? Yes No Unknown

What is the humidity? < 20% / 20-40% / 40-60% / 60-80% / >80% / ?

• How is the enclosure heated (e.g. light, heating pad, heat rock)? \_\_\_\_\_

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

• Do you use thermometers? Yes No Unknown

If so, where are they located? \_\_\_\_\_

• Do you use a full-spectrum (UVB) bulb? Yes No Unknown

What kind of bulb is it? \_\_\_\_\_ How often is it replaced? \_\_\_\_\_

• Does your pet get direct sunlight (not through a window)? Yes No Unknown

• What is the light/dark cycle? \_\_\_\_\_

• What is the substrate (bedding)? \_\_\_\_\_

• What is the water source? \_\_\_\_\_

• Are there plants, branches, or other climbing structures? \_\_\_\_\_

Is there a hiding area? What kind? \_\_\_\_\_

• Are there any other reptiles housed in the same enclosure? \_\_\_\_\_ If so, how long have they been together? \_\_\_\_\_

• Does your reptile spend time outside of its enclosure? \_\_\_\_\_ If so, where and how much time? \_\_\_\_\_

**Diet:**

• What do you feed your reptile? \_\_\_\_\_  
\_\_\_\_\_

Please fill in the percent of the total diet in each category **that your pet actually eats**:

Leafy greens	Other vegetables	Fruits	Insects	Small rodents	Pellets	Other (treats)	Total
							=100%

- How often do you offer food? \_\_\_\_\_
- Do you add vitamin or calcium supplements to the food? \_\_\_\_\_ If so, how often? \_\_\_\_\_  
What kind? \_\_\_\_\_
- Do you feed your reptile in the same enclosure that it lives in? \_\_\_\_\_ If not, where do you feed them? \_\_\_\_\_
- If insects are fed, are they gut-loaded? Yes No Unknown

**Misc:**

- Do you soak or bathe your reptile? Yes No  
If so, how often? \_\_\_\_\_
- Do they have any seasonal behavior changes? \_\_\_\_\_
- How often are they handled? \_\_\_\_\_

**Medical History:**

- Has your reptile ever been checked for intestinal parasites? \_\_\_\_\_
- How often do they defecate? \_\_\_\_\_
- Has your (female) reptile ever laid eggs? Yes No Unknown
- Please list any previous medical problems: \_\_\_\_\_  
\_\_\_\_\_
- Please circle any current problems: **weight loss, weight gain, diarrhea, limping, wounds, vomiting/regurgitation, not defecating, shedding problems, difficulty breathing, lethargy, inactivity, increased appetite, decreased appetite, anorexia, eyes swollen, deformed bones**  
Describe \_\_\_\_\_  
\_\_\_\_\_