

Albany Animal Hospital, Inc.
Reptile History Form

Date: _____ Owner Name: _____

Pet Name: _____ Species: _____

Age: _____ Sex: _____

Does your pet have any health problems? _____

Have you noticed any changes in feces or appetite? YES NO

If yes, please explain: _____

How long have you owned your pet? _____

From what source did you obtain your pet? _____

Where have you gotten your care information? _____

Please describe your pet's diet:

- What type of feed? _____
- What type of treats? _____
- How often is the pet fed? _____
- Are any vitamin/mineral supplements given? _____

Has your pet been de-wormed? YES NO

If yes, what was used & when was it given? _____

How is water offered? _____

What type of cage is your pet in? (dimensions, material, etc.) _____

What type of lighting? (UV, UVB, natural)? _____

What type of heat source? (heat rock, heat bulb, under tank heater) _____

What temperature do you keep your pet's enclosure? _____

How is the temperature being monitored? (digital, ambient, infrared) _____

Does your pet feel warm to the touch when taken out of his / her enclosure? YES NO

What type of substrate is your pet on? (bark, aspen bedding, newspaper, none, etc.) _____

Where is the cage located at home? _____

Where within the room? (near a window, air vet, etc.) _____

If your pet is aquatic, how often is your pet's water changed? _____

Does your aquatic housing have filtration? YES NO

If yes, what type of filtration system? _____

Is your pet usually caged or out of its cage? _____

Do you own any other reptiles? YES NO

If yes, what species & how many? _____

Do you own any other pets? YES NO

If yes, what species & how many? _____

Have any behavioral problems been noted? YES NO

If yes, please explain: _____

Additional comments or concerns?
