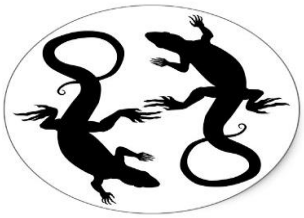
Client Account #: _____

Ocean Animal Clinic



Reptile and Amphibian History Form

A detailed history is essential to provide the most appropriate veterinary care for your animal. Please complete this form as accurately as possible. If there is anything you are unsure about you can discuss it in more depth with the veterinary staff during your appointment.

ANIMAL DETAILS

Reptile/Amphibian name: _____

Common or Scientific Species name: _____

Date of birth: _____ Age: _____ Sex: M ____ F ____ Neutered/Spayed/Unknown (circle)

Origin: ____ Captive bred ____ Wild caught/Import ____ Unknown

How long have you had this animal?_____

From where did you obtain this animal? _____

Does your pet have a reproductive history? Yes/No (circle) If yes, please give details: _____

When did your reptile last shed? _____ How often has your reptile been shedding? _____

Do you have any other reptiles/amphibians or pets? Yes/No If yes, please give details: _____

Have you or your reptile/amphibian had any contact with other reptiles/amphibians in the last 30 days? Yes/No If yes, please give details: _____

When was the last reptile/amphibian added to your collection? _____

REASON FOR PRESENTATION TODAY

What is the primary complaint or what signs have you noticed? How long have these problems been present? _____

What health problems has your reptile/amphibian had previously? _____

Has your reptile/amphibian received any treatment in the last 30 days? Yes/No If yes, please give details (what was used, dosage, how often, duration): _____

Have you noticed any change in your reptile/amphibian's behavior? Yes/No If yes, please give details:

_____

Have any other animals or persons in the household had any illness in the last 30 days? Yes/No If yes, please give details: _____

Client Account #: _____

ENCLOSURE ENVIRONMENT

What type of enclosure is used? ____ Arboreal (tall, climbing) ____ Terrestrial ____ Aquatic

Enclosure size: _____

What is it made of? ____ Plastic/Fiberglass ____Wood ____Metal ____Glass ____ Other: _____

Type of substrate used: ____ Newspaper ____ Wood Shavings ____ Soil ____ Other: _____

What décor and furnishings are present? _____

Is there additional ventilation (grills or mesh)? Yes/No If yes, please give details: _____

Are bathing facilities provided? Yes/No If yes, please give details: _____

How often is the enclosure cleaned? _____

What cleaning/disinfectant agents are used? _____

What heating equipment is used?

____ Ceramic/Infrared, Power: ____ W Thermostat control? Yes/No

____ Spot light/Bulb, Power: ____ W Thermostat control? Yes/No

____ Heating mat, Size: ____ Under cage/Inside cage (circle) Thermostat control? Yes/No

____ Aquarium water heater, Power: ____ W Thermostat control? Yes/No

Other heaters, please give details: _____

Are the heat sources screened from the animals? Yes/No If yes, please give details: _____

Can the animal(s) touch or access the heat source? Yes/No If yes, please give details: _____

Is additional lighting provided inside the enclosure? Yes/No If yes, what type of light is used?

____ Light bulb ____ Fluorescent strip light

What is the model and manufacturer? _____

When was the light last replaced? _____

Are the lights screened from the animal(s)? Yes/No If yes, please give details: _____

Can the animal(s) touch or access the lights? Yes/No If yes, please give details: _____

How many hours of light are provided each day? _____

Is there ever access to direct sunlight (not through glass or plastic)? Yes/No If yes, how many hours per day or per week? _____

Do you measure the humidity in the enclosure? Yes/No If yes, what is the humidity level? _____ %

What are the day time temperatures? Hottest area/Basking area: _____°F Coolest area: _____°F

What are the night time temperatures? Hottest area/Basking area: _____°F Coolest area: _____°F

Are these temperatures measured using a thermometer? Yes/No

Does anyone in the household smoke? Yes/No Do you use aerosolized products? Yes/No

Have there been any changes in the reptile/amphibian's environment in the last 3 months? Yes/No If yes, please give details: _____

DIET

Client Account #: _____

How often do you feed your animal? _____

Indicate which foods are eaten and in what amounts (by number, weight, or approximate volume):

Plant material: ____ Vegetables Frozen/Thawed/Fresh (circle)

Type and amount per feed: _____

____ Flowers Frozen/Thawed/Fresh (circle)

Type and amount per feed: _____

____ Fruits Frozen/Thawed/Fresh (circle)

Type and amount per feed: _____

Insects: ____ Crickets ____ Locusts ____ Mealworms ____ Waxworms

____ Earthworms ____ Other, please specify: _____

Rodents: ____ Mice Freshly killed/Frozen-thawed/Live (circle)

Type and number per feed: _____

____ Rats Freshly killed/Frozen-thawed/Live (circle)

Type and number per feed: _____

____ Birds or Fish Freshly killed/Frozen-thawed/Live (circle)

Type and number per feed: _____

Do you feed any wild animals to your animal? Yes/No If yes, please give details: _____

Any other food items fed? Yes/No If yes, please give details: _____

Do you use any nutritional supplements? Yes/No If yes, please give details: _____

What water supply to you provide? ____ Tap water ____ Bottled water ____ Rain/River water

How is water provided? ____ Bowl ____ Dripper system ____ Spray How often? _____

How often is the water changed? _____

Do you use any water supplements? Yes/No If yes, please give details: _____

Have you noticed any changes in feeding or drinking behavior? Yes/No If yes, please give details: ___

_____

Have you noticed any changes in droppings (fecal material, urine, urates)? Yes/No If yes, please give details: _____

Any other comments or information: