

Reptile History Form			Date:
Species: _____	Age: _____	Sex: _____	Pet Animal/Breeder

**Background Information:**

Length of time owned: \_\_\_\_\_ Where acquired? Breeder  Pet Store  Other \_\_\_\_\_

Wild-caught/Captive Bred? \_\_\_\_\_ Deparasitized? No  Yes  If yes, with what? \_\_\_\_\_

How often is animal handled? Daily  Occasionally  Never

Animal ever taken outside? No  Yes  If yes, for how long? \_\_\_\_\_

When was last shed? \_\_\_\_\_

Any trouble shedding? No  Yes  If yes, specify \_\_\_\_\_

Fecal consistency? \_\_\_\_\_

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**Husbandry:**

Type of enclosure: \_\_\_\_\_ Size of enclosure: \_\_\_\_\_

Where is cage located? \_\_\_\_\_ Cage furniture: \_\_\_\_\_

Cage substrate? \_\_\_\_\_

Frequency of cage cleaning? \_\_\_\_\_

Type of disinfectant used to clean cage? \_\_\_\_\_

**Cage Environment:**

Light cycle: \_\_\_\_\_ Type of lighting: \_\_\_\_\_

Heat source: \_\_\_\_\_ Humidity level: \_\_\_\_\_

Temperature within cage: Minimum \_\_\_\_\_

Maximum \_\_\_\_\_

Basking area \_\_\_\_\_

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**Nutrition:**

Type of Food offered: \_\_\_\_\_

Amount fed/frequency: \_\_\_\_\_ When last fed? \_\_\_\_\_

Water Source? \_\_\_\_\_

Supplements/frequency: \_\_\_\_\_

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Any other pets?  No  Yes If yes, specify \_\_\_\_\_

Any other reptiles?  No  Yes If yes, specify \_\_\_\_\_

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Reptiles are housed together or singly? \_\_\_\_\_

If not housed together, where are other reptiles located? \_\_\_\_\_

Any new additions to the reptile population? No  Yes  If yes, specify \_\_\_\_\_

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**Past Medical History/Problems:****Current Presenting Problem:****Duration of Complaint:**

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