

Reptile History Sheet

Name:

Client No.:

Address:

Species - Scientific Name:

Common Name: Sex:

Age:

Time Owned:

Previous Veterinary Treatment:

Purchased from: Private breeder / reptile shop / pet shop / importer / other

Captive Bred / Wild caught / Captive Born / Captive Farmed

Feeding

Food offered?

Amount of food offered and frequency?

Time food offered?

Change in appetite?

Vitamin or mineral supplements?

Water

Container size?

Change of water?

How often container cleaned?

Changes in drinking behaviour?

In contacts

Other specimens in contact during last 6 months?

Quarantine procedures?

Enclosure

Plan:

Side View:

Type:

Ventilation:

Construction:

Contents

Substrate:

Furnishings:

Heating

Type:

Control:

Temperature

Day:

Seasonal Variation:

Method of recording:

Night:

Lighting

Photoperiod:

Seasonal Variation:

General Lighting:

UV Light Type:

Spot Light:

Distance from basking
spot:

Humidity

Occupants

Species & Numbers:

Cleaning

Disinfectant:

Regime:

Others

How often does it shed?

When did your animal last shed?

Normal? Y/N

How often does it defecate?

Last time?

Normal? Y/N

The condition

What in your opinion is this animal's main problem?

When did you first notice it?

What do you believe may have caused this problem?

Is there any history of previous illness or injury?

Are there any medications your reptile is being given at the moment?