Info About Your Pet Reptile or Amphibian

Please take a few moments to fill out this history sheet.

What is the reason for today’s visit? Routine____ Illness_____ Injury_____

What type of diet is offered to the pet?
  Processed diet purchased at pet store _________________________
    (canned, powdered, pelleted, other)
  Fresh vegetables or fruits _______________ Please list all different types offered.
  Live or dead prey? (insects, rodents, fish, etc.)

How often is the pet fed and how much?

Are any vitamins or calcium supplements given? If so, how often and what kind?

Is the pet housed alone or does it have a cagemate?

What temperature is the cage? Day_____ Night_____

Is a basking area available? What temperature?

How is the cage heated? (heat lamps, hot rock, under-the-tank heating pad, other)

Is an ultraviolet light available? What kind? ____________ How many hours is the light on during the day?

What type of bedding is used in the cage? (newspaper, indoor-outdoor carpeting, wood shavings, barks or mulches, etc.)

How often is the bedding changed?

Are any hiding areas available for the pet?

Where is the cage located in the home?

When and where was the pet acquired?

Any prior illnesses? If so, were any medications given?

Any other pets in the household?