

Reptile/Amphibian New Patient History



Specialized Care for Avian & Exotic Pets
10882 Main St. Clarence, NY 14031
(716) 759-0144 fax (716) 759-0146

• This Visit

Date: _____ Reason for visit today? _____

How did you hear about us (phone book, newspaper ad, pet store, etc.)? _____

Have you been referred by another veterinarian? Yes (Name of Vet: _____) No

*** If your veterinarian has specifically referred your reptile to us, so that we may maintain good working relationships, we will not be able to provide care for other pets you may own and request that you maintain routine care for this patient with your primary veterinarian.*

• Owner & Pet Identification

Owner's Name(s): _____

Home Phone: _____ Business Phone: _____ Cell Phone: _____

Address: _____ City, State, Zip: _____

E-mail: _____

Please select address you prefer for health reminders e-mail regular mail

Emergency Contact: _____ Employer's Name: _____

Pet's Name: _____ Species: _____ Age/Hatch date: _____

Sex: Male Female Unknown

→If female, has she laid eggs or produced young? **Y/N**

Color: _____

• Source of Animal

Date acquired: _____

Animal obtained from: Pet store Breeder Friend/family member Private Party Show

Animal's origin is: Captive-bred Wild-caught Unknown

Was animal isolated from other animals prior to introduction to present location? **Y/N**

• Diet

What does your pet eat?

- | | |
|--|--------------------------|
| <input type="checkbox"/> Vegetables | Type and quantity: _____ |
| <input type="checkbox"/> Fruits | Type and quantity: _____ |
| <input type="checkbox"/> Pellets | Type and quantity: _____ |
| <input type="checkbox"/> Mice/fish/insects | Type and quantity: _____ |
| <input type="checkbox"/> Other | Type and quantity: _____ |
| <input type="checkbox"/> Vitamin/Mineral supplements | Type and quantity: _____ |



**** PLEASE FILL OUT BOTH SIDES OF PAGE ****

How often do you feed your pet? *Several times/day* *1x/daily* *Several times/week* *1x/ week*

How is water offered? *Bowl/dish* *Bottle* *Spray mist* *Drip system*

Do you feed your insects ("gut load") special food **Y/N**

• Cage & Environment

Pet is kept: *Always caged* *Caged at night/part of day* *Free in the house*

→If caged, what kind of cage? *Aquarium* *Wire/mesh* *Wood* *Other* _____

→Approximate cage dimensions and location: _____

→What do you clean your cage with? *Soap & water* *Bleach* *Other* _____

→Frequency of cage cleaning: *Daily* *Weekly* *Monthly*

→Any water filters used in cage? **Y/N**

→What is the temperature of: The warmest spot in the cage during the day _____

The coolest spot in the cage during the day _____

The warmest spot in the cage during the night _____

The coolest spot in the cage during the night _____

→These temperatures listed above are: *Estimates* *Based on thermometer readings*

→How do you heat the cage: *Overhead lamp* *Ceramic heater* *Hot rock*

Undercage heating pad *Water heater* *Room heat* *Other* _____

→Describe the lighting used: *Fluorescent* *Incandescent* *Ultraviolet* *Night (red) light*

→What do you use to line the cage? *Sand* *Wood chips* *Newspaper* *Paper towels*

Astroturf *Other* _____

→Do you mist the cage or add humidity to the cage? **Y/N** *If Yes, how often?* _____

Do you soak the animal in a separate container? **Y/N** *If Yes, how often?* _____

Do you have other reptiles/amphibians? **Y/N** *If yes, are they:* *Cagemate(s)* *Housed in separate cage*

→Please list species: _____]

→Are any other reptiles/amphibians sick or have any died in the last 12 months? **Y/N**

List other pets in the home: _____

• Previous Medical History

Has your pet had any previously diagnosed illness? **Y/N** *If yes, what?* _____

Has your pet had any laboratory tests performed? **Y/N** (*Fecal exam, Blood tests, X-rays, Other*)

Is your pet taking any medications? **Y/N** *If Yes, list:* _____

Has your pet ever had surgery? **Y/N** *If yes, for what?* _____

Have you noticed any of the following signs?

Decreased appetite (last time pet ate _____) *Regurgitation/vomiting*

Change in personality (Aggression Lethargy) *Lameness* *Difficulty breathing*

Shedding problems (last shed _____) *Skin wounds*

Change in stools (Diarrhea Decreased stool output Undigested food items)