

# Reptile/Amphibian New Patient History

Specialized Care for Avian & Exotic Pets  
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## ● This Visit

Date: \_\_\_\_\_ Reason for visit today? \_\_\_\_\_

How did you hear about us (Internet, family, friend, client, 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): \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Employer's Name \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Number \_\_\_\_\_

Please select address you prefer for health reminders • E-mail • Regular mail • Cell Phone

Pet's Name: \_\_\_\_\_ Species: \_\_\_\_\_

Sex: • Male • Female • Unknown

Age/Hatch Date: \_\_\_\_\_ Color: \_\_\_\_\_

## ● Basic Info

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 current enclosure? **Y/N**

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: \_\_\_\_\_

How often do you handle your reptile/amphibian? \_\_\_\_\_



## ● Diet

What does your pet eat? For mice/fish/insects please specify if feeding live vs pre killed

- Vegetables                      Type/quantity/frequency: \_\_\_\_\_
- Fruits                              Type/quantity/frequency: \_\_\_\_\_
- Pellets                              Type/quantity/frequency: \_\_\_\_\_
- Mice/fish/insects              Type/quantity/frequency: \_\_\_\_\_
- Supplements                      Type/quantity/frequency: \_\_\_\_\_
- Other                                  Type/quantity/frequency: \_\_\_\_\_

Are insects gut loaded prior to feeding? **Y/N** With what? \_\_\_\_\_

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

What kind of water is offered? • *Tap (treated / untreated)* • *RO/DI* • *Distilled*

## ● Bioactive

Is the enclosure bioactive? **Y/N**

If yes describe your substrate: \_\_\_\_\_

Describe your clean up crew: \_\_\_\_\_

Do you have live plants? **Y/N**

If yes, what kinds? \_\_\_\_\_

How long was your enclosure established before adding pets? \_\_\_\_\_

Do you clean the enclosure? **Y/N**

## ● Cage & Environment

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

If caged, what kind of cage? • *Aquarium/glass* • *Wire/mesh* • *Wood* • *PVC* • *Other* \_\_\_\_\_

Approximate cage dimensions: \_\_\_\_\_

Where is the enclosure located in the house: \_\_\_\_\_

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

What do you clean your cage with? \_\_\_\_\_

Do you have hides in your enclosure? **Y/N**

If yes, where are they located?

\_\_\_\_\_

What do you use to line the cage? \_\_\_\_\_

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

What is the humidity in the cage, and how do you measure it? \_\_\_\_\_

## ● Lighting and Heating

Describe the lighting used: • *Basking bulb* • *Mercury Vapor* • *Halogen*

• *Ultraviolet (Strip / Compact / LEDs)* • *Night bulb (red/blue/purple)* • *LEDs/Grow lights*

When were lights last changed? \_\_\_\_\_

What is the temperature of:      Basking site \_\_\_\_\_

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 \_\_\_\_\_  
How many basking sites are in the cage? \_\_\_\_\_  
These temperatures listed above are: • *Estimates* • *Based on thermometer readings*  
Type of thermometer(s) used: \_\_\_\_\_  
How do you heat the cage: • *Overhead lamp* • *Ceramic heater* • *Hot rock*  
• *Undercage heating pad* • *Room heat* • *Other* \_\_\_\_\_

## ● Aquarium/Pond & Environment - For Aquatic Reptiles/Amphibians

What size is the aquarium/pond? \_\_\_\_\_  
How long has it been set-up/running? \_\_\_\_\_  
Has the aquarium/pond been cycled (through the nitrogen cycle)? **Y/N**  
Is there any substrate? If so, what kind and how is it cleaned? \_\_\_\_\_  
\_\_\_\_\_  
Is the tank/pond heated? **Y/N** If yes, how and what temperature? \_\_\_\_\_  
What brand and size/model filter is used? \_\_\_\_\_  
How often is filter media changed? \_\_\_\_\_  
Does tank/pond have supplemental aeration? **Y/N**  
What type of lighting and how long is it left on? \_\_\_\_\_  
Is there a place for your animal to get out of the water? **Y/N**  
If yes, please describe: \_\_\_\_\_  
Do you do water changes? **Y/N** If yes, how frequently and what volume of water? \_\_\_\_\_  
Do you add any chemicals (salts, dechlorinators, etc.) to the water? **Y/N**  
If yes, describe \_\_\_\_\_  
Do you have any other animals in the tank/pond (fish, crustaceans, amphibians, snails, etc.)? **Y/N**  
If yes, describe \_\_\_\_\_  
Do you have any live plants in the tank? **Y/N**  
If yes, describe \_\_\_\_\_

## ● 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*)