



**VALLEY COTTAGE ANIMAL HOSPITAL**

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**Valley Cottage Animal Hospital – Reptile History Form**

Please circle or write in your responses, giving as much detail as possible. Use the backside for more space.

**Patient Information:** Name or ID: \_\_\_\_\_

Species: \_\_\_\_\_ Morph (if applicable): \_\_\_\_\_

Sex: ( Male / Female / Unknown ) Spayed or Neutered? ( Yes / No )

How was the sex determined? ( Visually / Probing / DNA / Surgical / Other \_\_\_\_\_ )

Age or Birth Date if known: \_\_\_\_\_ How long have you owned this reptile? \_\_\_\_\_

Acquired from: ( Pet store / Breeder / Previous owner / Reptile show / Online / Other \_\_\_\_\_ )

Is the animal: ( Wild caught / Captive bred / Unknown )

**Environment:**

Describe the reptiles enclosure: (Ex 20 gallon glass aquarium, 4 foot long custom wooden cage, etc.)

\_\_\_\_\_

What is the substrate? \_\_\_\_\_

Do you provide areas to hide? ( Yes / No ) Describe size/type: \_\_\_\_\_

\_\_\_\_\_

What decorations or other objects are in habitat? \_\_\_\_\_

\_\_\_\_\_

How often is the cage cleaned and with what products? \_\_\_\_\_

Does the reptile ever have free range of the house or yard? ( Yes / No )

Is the reptile housed alone? ( Yes / No ) If no, describe cage mates \_\_\_\_\_

List other reptiles in house: \_\_\_\_\_

List other non-reptile pets in house: \_\_\_\_\_

Are any other animals in the household sick? ( Yes / No ) Describe: \_\_\_\_\_

When was the most recent animal added? \_\_\_\_\_

Do you quarantine new pets? ( Yes / No ) How? \_\_\_\_\_

\_\_\_\_\_

**Environment for aquatic species:**

Water Source: ( Tap / Well / Bottled / Reverse Osmosis / Filtered / Other \_\_\_\_\_ )

Describe filtration: \_\_\_\_\_

Describe water change schedule: \_\_\_\_\_

Do you measure any water quality parameters (temp, ph, ammonia, etc.)? If so describe \_\_\_\_\_

Do you use a de-chlorinator or other water additives? (Yes / No) Describe \_\_\_\_\_

**Temperature and Lighting:**

Do you measure the temperature in your reptiles environment ( Yes / No ) If yes, please fill in temps:

DAY: Hottest basking temp = \_\_\_\_\_ Coolest area temp = \_\_\_\_\_

NIGHT: Warm area temp = \_\_\_\_\_ Coolest area temp = \_\_\_\_\_

Thermometer Type? ( Stick on glass dial / Digital / Infrared temp gun / Glass thermometer / Other \_\_\_\_\_ )

How is the enclosure heated? Please describe the type, brand, and wattage if known \_\_\_\_\_

Are the heaters controlled by a thermostat? ( Yes / No )

Does your reptile get any natural unfiltered sunlight? ( Yes / No ) If yes, describe amount/frequency:

Do you use full spectrum lights that emit UVB? ( Yes / No ) If yes, describe the type, brand, and wattage:

How far from the reptile are the UVB lights positioned? \_\_\_\_\_

How often are the UVB bulbs changed? \_\_\_\_\_

Are lights and/or heaters on a timer? ( Yes / No ) Describe hours of use: \_\_\_\_\_

Do you hibernate this animal? ( Yes / No ) Describe location, temperature, and duration \_\_\_\_\_

**Diet:** Write in the specific types and the approximate percentage of diet \_\_\_\_\_ %

Greens: \_\_\_\_\_

Fruits: \_\_\_\_\_

Veggies: \_\_\_\_\_

Insects: \_\_\_\_\_

Rodents: ( Frozen / Live ) \_\_\_\_\_

Commercial diet: \_\_\_\_\_

Other: \_\_\_\_\_

How often do you feed? \_\_\_\_\_

Do you use any vitamins or supplements? ( Yes / No ) Describe type, amount, frequency: \_\_\_\_\_

If feeding insects do you “gut load” them? ( Yes / No ) Describe: \_\_\_\_\_

Do you offer any treats? ( Yes / No ) Describe: \_\_\_\_\_

**Water and Humidity:**

Is a water bowl provided? ( Yes / No ) Describe size/type: \_\_\_\_\_

How often is it cleaned and with what products? \_\_\_\_\_

Do you measure humidity? ( Yes / No ) What is average humidity, and what type of hygrometer do you use?

Do you provide a humidity chamber? ( Yes / No ) Describe: \_\_\_\_\_

Please describe any additional water provided (spraying tank, soaking animal, etc.) including any supplies you use such as a misting system or dripper: \_\_\_\_\_

**Reproductive History:**

Is this reptile currently used for breeding? ( Yes / No )      Do you plan to breed in the future ( Yes / No )

If female has it ever laid eggs? ( Yes / No ) If yes, how many and how often? \_\_\_\_\_

**Medical history:**

Has this animal ever been to a vet before? (Yes / No) If yes, describe any previous diagnosis, treatments or surgeries: \_\_\_\_\_

Has this animal been tested or treated for internal or external parasites? ( Yes / No )

Have you ever had reptile mites in your collection ( Yes / No ) Describe \_\_\_\_\_

When was the last shed? \_\_\_\_\_ How often are shed cycles? \_\_\_\_\_

Is there any history of shedding problems? ( Yes / No ) Describe: \_\_\_\_\_

Other Comments: \_\_\_\_\_