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:** ________________________________________________________________