

History Form for Reptile Patients

In order to best evaluate and treat your sick pet, it is necessary for all aspects of its husbandry and care to be considered, as any of these could contribute to its disease. Therefore, please take the time to fill out the following questionnaire to the best of your knowledge, and submit the completed form to reception (ideally at least 24-hours prior to your appointment). If you are unsure of any of the questions please leave blank, and they can be discussed during the consultation.

Signalment

- Pet name/ID (microchip?).....
- Species.....
- Weight (kg).....
- In present owner’s care since.....
- Colour.....
- Date of birth/age.....
- Sex (male, female, unknown).....
- Source was? (breeder, pet shop, imported, other – please specify)
.....
.....

Enclosure/vivarium specifications

- Type of enclosure (arboreal, terrestrial, aquatic).....
- Environment (temperate, tropical, desert).....
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.....
- Size of enclosure
 - Longest side.....
 - Shortest side.....
 - Height.....

MANOR VETERINARY CENTRE – REPTILE HISTORY FORM

- Construction materials
 - Paint/varnish.....
 - Sealant.....
 - Interior fittings.....
- Or purchased ready-made.....
- Substrate used.....
- Thermostat (yes/no).....Thermometer (yes/no).....
- Temperature
 - Daytime range (°C).....
 - Night-time range (°C).....
 - Basking (°C).....
- Basking temperature (°C).....
- Humidity level (%)
 - Daytime.....
 - Night-time.....
- Method of provision (spray, sprinkler, water bowl).....
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- Lighting equipment (spot light, light bulb, fluorescent strip light)
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- UVB light provision
 - Brand.....
 - When last renewed.....
 - Day length.....
- Distance from basking area.....

MANOR VETERINARY CENTRE – REPTILE HISTORY FORM

Diet/supplements

- Diet.....
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.....
.....
- Amount of food normally offered.....
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- Amount eaten.....
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- Frequency of feeding.....
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- Method of providing drinking water (bowl, spray, other – please specify)
.....
- How often is water changed?.....
- Vitamin/mineral supplements.....
- How are supplements offered?.....
.....
- How often?.....
.....

MANOR VETERINARY CENTRE – REPTILE HISTORY FORM

History

- What signs prompted you to bring in this animal?

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- Other animals sharing the vivarium in the last 6 months

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- Other animals housed in same room or visiting the room in the last 6 months

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- Please list any disease history of this animal.....

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- Please list the disease history of any in-contact animal(s)

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- Droppings (description).....

- When last passed.....

- Last shed (snakes).....

MANOR VETERINARY CENTRE – REPTILE HISTORY FORM

- Hibernation (tortoises) (yes/no).....
 - If yes, when last hibernated.....
 - Was it checked before hibernation?.....

- Any other relevant details.....
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Client details

- Name.....
- Telephone number.....