



**Brealey Drive  
Animal Clinic**  
a place for people and their pets

# Reptile History Form

**Please also attach photos of the Reptile enclosure**

**Please Email Copy of Form to: [info@brealeydriveanimalclinic.com](mailto:info@brealeydriveanimalclinic.com)**

**Reptile's Name:** \_\_\_\_\_ **Sex:** (circle one) **M F Unknown** **Age:** \_\_\_\_\_

**Species:** \_\_\_\_\_ **Where acquired?** **Breeder Pet Store Other:** \_\_\_\_\_

**Length of time owned?** \_\_\_\_\_ **When was last shed:** \_\_\_\_\_ **How often does reptile shed?** \_\_\_\_\_

**Any trouble shedding?** NO YES **If YES, specify:** \_\_\_\_\_

**Is the reptile producing normal fecal (bowel movement)? (Circle one)** **YES NO**

**If NO, describe:** \_\_\_\_\_ **Frequency of fecal?** \_\_\_\_\_

## Reason for Today's Visit

**What prompted today's visit?** \_\_\_\_\_

**How long has your pet had this problem?** \_\_\_\_\_

## Reptile History

**Has the reptile been sick previously?** \_\_\_\_\_

**Has the reptile been seen by another veterinarian? (Circle one)** **YES NO**

**If YES, What clinic/ When and Why**

**Have any tests been previously conducted on the reptile? (Circle all that apply)**

**Blood work**

**Fecal Parasite Test**

**Skin Parasite Test**

**X-rays**

**Other (describe)** \_\_\_\_\_

**When last shed was:** \_\_\_\_\_ **How often does reptile shed?** \_\_\_\_\_

**Any trouble shedding?** NO YES **If YES, specify:** \_\_\_\_\_

**Is the reptile producing normal fecal (bowel movement)? (Circle one)** **YES NO**

**If NO, describe:** \_\_\_\_\_ **Frequency of fecal?** \_\_\_\_\_

## Husbandry

### Describe the reptile's enclosure

Type of enclosure: \_\_\_\_\_ Size of Enclosure: \_\_\_\_\_

Where is enclosure located: \_\_\_\_\_ Enclosure Substrate: \_\_\_\_\_

Objects in enclosure: \_\_\_\_\_

Frequency of cage cleaning: \_\_\_\_\_

Type of disinfectant used to clean cage: \_\_\_\_\_

## Cage Environment

Do you have other reptiles in the house? \_\_\_\_\_

Is the reptile housed alone? (Circle one) **YES** **NO** - If **NO**, describe: \_\_\_\_\_

Light cycle: \_\_\_\_\_ Types of lighting: \_\_\_\_\_ How often changed: \_\_\_\_\_

Heat source(s): \_\_\_\_\_ Humidity Level: \_\_\_\_\_

Is there a **UV** or **Full-Spectrum** light source? \_\_\_\_\_

List enclosure temperatures:

**Minimum temp** \_\_\_\_\_ **Maximum temp** \_\_\_\_\_ **Basking temp** \_\_\_\_\_

Is the reptile ever soaked / misted? (Circle one) **YES** **NO** - If **YES**, how often? \_\_\_\_\_

## Nutrition

Type of foods offered: \_\_\_\_\_

Amount being fed/frequency? \_\_\_\_\_

If live insects, are they offered food ("**gut-loaded**") before being fed to the reptile? \_\_\_\_\_

Are other vitamins or mineral supplements offered? \_\_\_\_\_

Have there been any recent diet changes or new foods? (Circle one) **YES** **NO**

If **YES**, describe: \_\_\_\_\_

Water source: \_\_\_\_\_