



Animal Hospital of Pensacola

Reptile Patient History

Pet name: _____ Date: _____

Species/Breed: _____ Color: _____

Age/ D.O.B: _____ actual/estimate Male Female Unknown

- How long have you owned your reptile? _____
- Where did you acquire your reptile? _____
- Any previous health concerns? _____
- Any history of egg laying? _____ When? _____

DIET

- What do you feed your reptile? _____
- How often do you feed your reptile? _____
- Do you offer any fruits/vegetables? _____
- What supplements and/or treats do you give your reptile?

- Do you supplement with calcium? Yes _____ No _____
 - What type of calcium product do you use? _____
- Of the food you offer, what does your reptile consume? _____
- What type of water source is used? _____
 - How often is water changed? _____
- What type of soap/disinfectant is used? _____

ENVIRONMENT

- Have you or your pet been in contact with any other pets within 30 days? _____
- What type of cage is your reptile housed in? _____
- How long does your reptile spend indoors _____ / outdoors _____?
 - How long in cage? _____ How long out of cage? _____
 - Where is cage located? _____ Dimensions: _____
- What type of substrate is used in the cage? _____
- How often is cage changed/cleaned? Daily _____ Weekly _____ Monthly _____
- What type of cleaning chemical is used? _____
- What type of accessories are in the cage? _____
- What temperature is the inside of the cage kept? _____
 - How is it measured? _____
- What humidity level is the inside of the cage? _____
 - How is it measured? _____
- What is the heat source? _____
- Is there a UVA/UVB light present? _____
 - Date of purchase: _____

List Other Pets (avian, exotic, dog, cat, etc.) in the Home

Pet's Name: _____

Pet's Name: _____

Breed: _____

Breed: _____

Age: _____ Sex: _____

Age: _____ Sex: _____

Pet's Name: _____

Pet's Name: _____

Breed: _____

Breed: _____

Age: _____ Sex: _____

Age: _____ Sex: _____