

Reptile History Form

Client: _____ Date: _____

Pet's name: _____ Species: _____

Sex: M F Unknown Date of birth: _____

How long have you had your reptile?

Where did you obtain your reptile?

Housing:

• What type of enclosure does your reptile live in?

• What are the dimensions? H _____ x W _____ x L _____

• Do you use a hygrometer (humidity meter)? Yes No Unknown
What is the humidity? < 20% / 20-40% / 40-60% / 60-80% / >80% / ?

• How is the enclosure heated (e.g. light, heating pad, heat rock)?

• What is the temperature? Basking site _____ Day _____ Night _____

• Do you use thermometers? Yes No Unknown
If so, where are they located?

• Do you use a full-spectrum (UVB) bulb? Yes No Unknown
What kind of bulb is it? _____ How often is it replaced?

• Does your pet get direct sunlight (not through a window)? Yes No Unknown

• What is the light/dark cycle?

• What is the substrate (bedding)?

• What is the water source?

• Are there plants, branches, or other climbing structures?

Is there a hiding area? What kind?

• Are there any other reptiles housed in the same enclosure? _____ If so, how long have they been together?

• Does your reptile spend time outside of its enclosure? _____ If so, where and how much time?

Diet:

• What do you feed your reptile?

Please fill in the percent of the total diet in each category **that your pet actually eats:**

Leafy greens	Other vegetables	Fruits	Insects	Small rodents	Pellets	Other (treats)	Total
=100%							

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