



# REPTILE & AMPHIBIAN HISTORY FORM

To ensure the best possible veterinary care for your animal, it is crucial to provide a comprehensive record of your pet's medical history. Please fill out this form with utmost accuracy. If you have any uncertainties, feel free to consult our veterinary staff without hesitation.

## Animal Details

Name: \_\_\_\_\_  
Common/Scientific species name: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M  F  neutered/spayed  unknown   
Origin: captive bred  wild caught  pet store  rescue  other: \_\_\_\_\_  
Length of time owned: \_\_\_\_\_ Are you a: pet owner  breeder  rescue  pet store   
How often do you handle your animal? daily  weekly  biweekly  monthly  rarely  never   
When was your animal's last shed? \_\_\_\_\_  
Was there difficulty shedding? N  Y  If yes, please explain: \_\_\_\_\_  
Does your animal have a reproductive history? N  Y  If yes, please explain: \_\_\_\_\_  
Has your animal ever been outside? N  Y  If yes, for how long/frequently? \_\_\_\_\_  
Has your animal been deparasitized? N  Y  If yes, with what/when? \_\_\_\_\_  
Do you have any other animals? N  Y  If yes, please explain: \_\_\_\_\_  
Have you or your animal had any contact with other reptiles in the last 30 days? N  Y   
If yes, please explain: \_\_\_\_\_

## Medical History

Is this your pet's first time at the vet? Y  N  If no, did you bring records? Y  N   
If no, who was your pet's previous vet(s)? \_\_\_\_\_  
If any, what health problems has your animal had previously? \_\_\_\_\_  
Is there a primary complaint or concerning symptoms for today's appointment? N  Y   
If yes, please explain: \_\_\_\_\_  
If yes, how long have these symptoms been present? \_\_\_\_\_  
Has your animal received any treatment in the last 30 days? N  Y   
If yes, please provide details: \_\_\_\_\_

## Environment

Type of enclosure (select all that apply): arboreal (tall, climbing)  terrestrial  aquatic   
Size: \_\_\_\_\_ Material of enclosure: plastic/fiberglass  wooden  glass  other: \_\_\_\_\_  
Enclosure décor & furnishings? N  Y  If yes, please detail: \_\_\_\_\_  
Is there additional ventilation (grills or mesh)? N  Y  If yes, please explain: \_\_\_\_\_  
How frequently is the enclosure cleaned? \_\_\_\_\_  
What cleaning/disinfectant agents are used? \_\_\_\_\_

**Critter Care of Panama City**

**Heating & Lighting**

What heating equipment is used (select all that apply)?

- ceramic/infrared  power \_\_\_\_\_ W thermostat control? N  Y
- spot light/bulb  power \_\_\_\_\_ W thermostat control? N  Y
- heat mat  size: \_\_\_\_\_ under cage  inside cage  thermostat control? N  Y
- aquarium water heater  power \_\_\_\_\_ W thermostat control? N  Y
- other  please explain: \_\_\_\_\_

Are the heat sources screened from the animal(s)? N  Y  If yes, please explain: \_\_\_\_\_

Can the animal(s) touch or access the heat source? N  Y  If yes, please detail: \_\_\_\_\_

Is additional lighting provided inside the exhibit? N  Y

If yes, what type of light is used? light bulb  fluorescent strip light

Are the lights screened from the animal(s)? N  Y  If yes, please explain: \_\_\_\_\_

Can the animal(s) touch or access the lights? N  Y  If yes, please explain: \_\_\_\_\_

How many hours of light are provided each day? \_\_\_\_\_

Is there ever access to direct sunlight (not through glass/plastic)? N  Y

If yes, how many hours per day/week? \_\_\_\_\_

Do you measure the humidity in the cage? N  Y  If yes, what is the level? \_\_\_\_\_

What are the day time temperatures? Hottest area, basking area = \_\_\_\_\_

What are the night time temperatures? Hottest area, basking area = \_\_\_\_\_

Are these temperatures measured using a thermometer? N  Y

Does anyone in the household smoke? N  Y

Have there been changes to the environment in the last 3 months? N  Y

If yes, please explain: \_\_\_\_\_

**Diet & Nutrition**

How often do you feed? \_\_\_\_\_

Is your pet eating well? Y  N  If no, please explain: \_\_\_\_\_

Is your pet drinking well? Y  N  If no, please explain: \_\_\_\_\_

What is your animal's fecal consistency? \_\_\_\_\_

Select all that are included in your animal's diet:

- frozen/thawed vegetables  fresh vegetables  frozen/thawed fruit  fresh fruit
- crickets  locusts  mealworms  waxworms  earthworms
- mice  rats  birds  fish  other : \_\_\_\_\_

Detail the amount/frequency of the selected: \_\_\_\_\_

Do you feed anything wild to your animal? N  Y  If yes, please explain: \_\_\_\_\_

Do you use any nutritional supplements? If yes, please explain: \_\_\_\_\_

What is the water source? tap water  well water  bottled water  rain/river water

How is that water provided? bowl  water bottle  spray , frequency: \_\_\_\_\_

How frequently is the water changed? \_\_\_\_\_

Please share any additional comments or information you believe to be beneficial: