

Date: _____ Admitting Clinician: _____ Appt. Time: _____

Species: _____ Age: _____ Sex: _____

Background Information:

Length of time owned: _____ Where Acquired? Breeder Pet Store Other: _____

Wild-caught Captive Bred Has it been dewormed? No Yes, with: _____

How often is animal handled? Daily Occasionally Never

Animal ever taken outside? No Yes If yes, length of time: _____ When was last shed? _____

Any trouble shedding? No Yes If yes, please specify: _____

Fecal consistency: _____

Husbandry:

Type of enclosure: _____ Size of enclosure: _____ Where is cage located? _____

Type of cage furniture: _____ Cage substrate? _____ How often is cage cleaned? _____

What type of disinfectant is used when cleaning the cage? _____

Cage Environment:

Type of lighting: _____ Light Cycle: _____

Heat source: _____ Humidity level: _____

Temperature within cage: Maximum: _____ Minimum: _____ Basking area: _____

Nutrition:

Type of food offered: _____

Amount fed/frequency: _____ When last fed: _____ Water Source: _____

Any other pets? No Yes, Specify: _____

Any other reptiles? No Yes, Specify: _____

Reptiles are housed: Together Separately

If not housed together, where are other reptiles located? _____

Any new additions to the reptile population? No Yes, Specify: _____

Past Medical History/Problems: _____

Current Presenting Problems: _____

Duration of Complaint: _____