

PERSONAL INFORMATION

Date : _____ Client Name : _____

Patient Name : _____ Species/Breed : _____

Gender : ☐ Male ☐ Female ☐ Unknown Date Of Birth or Age (estimate if unknown) : _____

HISTORY

Where acquired : ☐ Pet Store ☐ Breeder ☐ Other : _____

Length of time owned : _____ Housed : ☐ Indoors ☐ Outdoors

Is patient allowed to free roam : _____ Previous Vet (if applicable) : _____

Any diagnosed medical issues : _____

How often is patient handled (please specify) : _____

Fecal output : ☐ Normal ☐ Diarrhea ☐ None

Is patient housed alone : ☐ Yes ☐ No If yes, please specify : _____

Any other pets : ☐ Yes ☐ No If yes, please specify : _____

HUSBANDRY

Type of enclosure : _____ Size of enclosure : _____

Where is cage located : _____ Type of cage furniture : _____

Cage substrate : _____ How often is cage/substrate cleaned : _____

Type of disinfectant used : _____

NUTRITION

Type of food and brand offered : _____

Frequency of feedings : _____ Last feeding : _____

Appetite : _____

Drinking well? : ☐ Yes ☐ No Frequency of water change : _____

Medications given : _____ Supplements given : _____

FOR REPTILES/AMPHIBIANS ONLY

UVB bulb : ☐ Yes ☐ No ☐ Unknown When was bulb last changed : _____

Heat source : _____ Humidity level (%) : _____

Temperature in cage : Warm : _____ °F Cold : _____ °F Basking spot : _____ °F

Calcium Supplement : ☐ Yes ☐ No Type : _____ Frequency : _____

When did the pet last shed : _____ Any trouble shedding? : ☐ Yes ☐ No