

Reptile Medical History

Date: _____

Reptile Species: _____

Client Name: _____

Reptile Name: _____

1. How long have you owned this reptile? _____ Years and _____ months.
2. What was the source of this reptile (pet store, mail order, etc.)? _____
3. What problem(s) have you noted? _____
4. When did the problem start? _____
5. Is there a history of previous illness? yes no
6. What treatment was prescribed? _____
7. Was the treatment effective? yes no

8. Diet:

- a) What diet is being fed? _____
- b) How frequently? _____
- c) Nutritional supplements included: _____
- d) When did this reptile last eat? _____

9. Habitat:

- a) Describe the cage: _____
- b) Lighting: _____
- c) Floor covering: _____

10. Describe how the cage is heated.

- a) Daytime: _____
- b) Nighttime: _____

11. Have there been recent changes in this reptile's captive environment?
