



Reptile/Amphibian Information

Please answer the following questions with as much detail as possible to help your doctor provide the best care for your pet.

Owner's Last Name _____ First _____

Patient's Name _____ Age/Birthday _____

Species _____ How long have you owned your pet? _____

Sex: Male , Female , Unknown How was the sex determined? _____

Housing: Solid sides vs Mesh sides and Solid top vs Mesh top

Approximate cage dimensions: Length _____ Width _____ Height _____

What is the bedding used in the cage: _____

How is water provided? _____ Water source: city water well distilled

Do you measure humidity? Yes No If yes, what percentage? _____

Light (check all that apply): Fluorescent UVB tube Compact UV coil Mercury vapor bulb

Incandescent bulb Room lighting only Other: _____

What is the strength of the light? _____

How far away is the light from your pet? _____

Is there glass or plastic between the light and your pet? _____

How many hours per day is the light on? _____

How often do you change this bulb? _____

Heat sources (check all that apply): Heating pad Hot rock Bright heat lamp

Dark heat lamp (red, purple or ceramic)

What is the temperature in your pet's habitat? Day _____ and Night _____

What kind of thermometer are you using? _____

What is the basking temperature? _____

Diet: List all food items including treats that you pets eat:

If insects are used as food, are they fed any supplements first? If yes, what?

List any vitamins or mineral supplements your pet is given including types and amounts:

List any animals your pet has had contact with: _____

Is your pet on any medications: _____

Has your pet had any major illnesses: _____

Previous Medical Records? Yes No

If yes, which clinic? _____ May we contact them? Yes No

Does your pet have Pet Insurance? Yes No If yes, with whom? _____

Reason for Exam: _____

Professional Fees are to be paid at time of services.

For your convenience we accept cash, check (with a valid driver's license), visa, mastercard, american express, discover and care credit. Returned checks are subject to a \$35.00 fee.

Signature _____ Date _____