



MILLENNIUM CITY VETERINARY HOSPITAL

REPTILE HISTORY FORM

Pet Name: _____ Species: _____
Age: _____ Sex: M / F / Unknown

Background Information

Length of time owned: _____
Is the reptile handled/hand tame?: Yes / No
Is the reptile housed alone?: Yes / No If no, specify: _____
Any recent additions of reptiles to the household? Yes / No If yes, specify: _____
When was the last shed?: _____ Any difficulty shedding in the past?: Yes / No

Husbandry

Type of enclosure: _____ Size of cage: _____
Enclosure furniture/hides: _____
Enclosure substrate: _____
What type of disinfectant is used to clean enclosure?: _____
How often is enclosure/substrate cleaned?: _____

Light/Heat

Photoperiod: Light _____ hrs / Dark _____ hrs
Heat source in enclosure: _____ Do you use a thermometer?: Yes / No
Temperature gradient: Basking spot: _____ Minimum/Night: _____ Max/Day time: _____
Is broad spectrum UVB lighting used: Yes / No How often is the UVB bulb changed?: _____
Do you use a hygrometer?: Yes / No Relative humidity: _____

Nutrition

Type of diet offered: Pellets / Insects / Vegetables / Fruit / Rodents / Other
Brand of pellets: _____ Type of insects: _____
Type of vegetables/fruit: _____
If rodents: Live / Fresh kill / Frozen thawed
If other, specify: _____
Amount fed/frequency: _____
Are vitamins/minerals/probiotics offered?: Yes / No If yes, specify: _____
Water source: Tap / Bottled / Other Water change frequency: _____

For AQUATIC reptiles:

Type of filtration used: _____
Frequency of PARTIAL water change: _____ Frequency of COMPLETE water change: _____
Water temperature: _____ Are there areas to dry dock?: Yes / No
Are any supplements/water additives/chemicals added to the water?: Yes / No
If yes, specify: _____