

Reptile/Amphibian History/Husbandry



Thank you for giving us the opportunity to care for your pet. We'll be happy to answer any questions you may have about your pet's health. Health problems relating to improper housing and feeding are common among pet reptiles. Your answers will help us recommend any changes that may influence your animal's well being. We will also provide you with a list of our recommendations for you to consider.

Owner _____ Driver's License # _____

Street Address _____ City/State/Zip _____

Home Phone _____ Work Phone _____

Cell phone _____ E-Mail Address: _____

Emergency Contact Name _____ Emergency Contact Phone Number _____

How did you learn about our hospital? Yellow Pages ____ Recommendation ____ Sign ____ Other ____

If recommended, by whom? _____

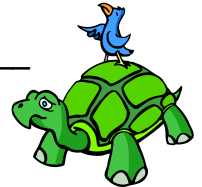
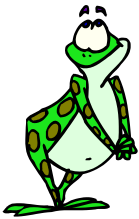
Number of pets: Reptiles _____ Dogs _____ Cats _____ Other (Specify) _____

Reason for visit: _____

Patient Name: _____ Breed: _____

Species: _____ Sex: Male _____ Female _____

Birthdate: _____ Color/Markings: _____



1. How long have you had your reptile/amphibian? _____
2. Where did you obtain your reptile/amphibian? _____
3. If known, is it captive bred or wild caught? _____
4. If aquatic how often do you maintain water quality? _____
5. What type of water is used? _____ What is the water temperature? _____
6. What type of filter? _____ What type of platform? _____
7. What kind of cage is your reptile/amphibian housed in, what size is the cage?
(i.e. aquarium, wooden, plexiglass) _____

8. Describe substrate? (i.e. newspaper, gravel, shavings, corn cob) _____
9. How do you keep your cage warm? (i.e. hot rock, heating pad, heating tape, lights)

10. What type of lighting is used, please describe and name brand. (i.e. screw in or fluorescent)

11. Does the light shine through plastic, glass or a screen top? Yes _____ No _____

12. What is the temperature gradient? _____ What is the humidity? _____

13. Do you use a humidity box? Yes _____ No _____

14. Do you use a hide box? Yes _____ No _____ What kind? _____

15. Do you use live plants in the cage? Yes _____ No _____

16. If you do use plants what kind? _____

17. Describe the water source if present. _____

18. What do you feed your reptile, if it is a commercial diet please list type.

19. How often do you feed?

20. If an Insectivore do you gutload? Yes _____ No _____

21. If a Carnivore do you feed live, stunned, or frozen? _____

22. Where do you obtain the diet from? _____

23. Do you use a vitamin supplement? Yes _____ No _____ What kind? _____

How often? _____ How is it administered? _____

24. To your knowledge, is there any history of illness or injury? Yes _____ No _____

If yes, please explain _____

25. Do you have more than one reptile? Yes _____ No _____

26. If yes, are they housed together or separately? _____



Authorization

I hereby authorize the veterinarian to examine, prescribe for, or treat the above listed pet. As the FDA has not approved any medications for use on exotic pets, I am aware that medications prescribed are done so on an extra label basis and hereby give my consent. I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for treatment. A finance charge of 2.0% will be added to any account more than 30 days past due. A fee of \$25 will be applied to your account for any returned checks. If we are required to submit your account to collections, a \$25 fee will be applied.



Signature _____ Date _____

Method of Payment: Cash ___ Check ___ VISA ___ MC ___ Discover ___ AE ___ Care Credit ___