

Client last name: _____

Patient Information **Reptile**

Pets Name: _____

Birth date: _____

Species: _____

M ___ F ___ Unknown___

Color: _____

Markings _____

Please circle all that apply and give explanation if necessary.

Adoption Location? _____

Diet? _____

Water Source Type? _____

Enclosure Type? _____

Enclosure Size? _____

Substrate? _____

Heat Source? Yes No Type? _____

Temperature? Warm _____ degrees F Cool _____ degrees F

Humidity? _____%

UV Exposure? Yes No Type? _____

UVA & UVB? Yes No Unknown N/A

Other Reptiles in House? Yes No Species? _____

Housed in Same Enclosure Yes No N/A

Serious Medical Problems? Yes No
Explain: _____

Medications? Yes No
Products: _____

List any other pets in your household: _____

Who was your previous veterinarian? _____

Please attach any other medical information to this form.