



Reptile Husbandry Form

Client Name _____ Patient Name _____

Species _____ Age _____

Sex: M F (Ever laid eggs?____) Unknown

Where did you obtain from? _____

How long owned _____

Brief reason for today's visit _____

HOUSING

Describe patient's primary enclosure _____

Substrate _____

Visual security/hide box? Y N Describe _____

Temperature in enclosure: Low ____ °F High ____ °F Heat source(s) _____

For species requiring supplemental humidity, how are humidity needs being met? _____

Is there a water source in the enclosure? Y N If yes, please describe _____

Light source _____ Brand of bulb(s) _____ Age of bulb _____

Light cycle: _____ hrs light _____ hrs dark manual or timer

In appropriate weather, does the patient spend any time in direct sunlight? Y N

If yes, how much time per week? _____ Supervised? Y N

Does the patient spend any time out of his/her enclosure? Y N If yes, is the patient supervised? Y N

How often is the patient soaked or misted? _____

DIET

Primary foods offered _____ Where is food purchased? _____

For patients that eat rodents: Is prey frozen or live? _____

Are live prey items stunned before being offered? Y N

If feeding insects, are the insects fed/gut loaded for at least 24 hours prior to being offered? Y N

List any treats or other food items offered _____

How often is patient fed? _____

How much food is offered? _____

What food items are actually consumed by patient? _____

Supplements? Y N If yes, what types? _____ Frequency? _____

MEDICAL HISTORY

Has the patient even had any health problems? Y N If yes, please explain _____

Has the patient ever been seen by another DVM? Y N If yes, where? _____

If the patient has been seen by another DVM, may we request the records? Y N

Have any reptiles/amphibians become sick or died in the home in the past 6 months? Y N

Are there any other pets in the home? Y N _____

Anything else you want the Doctor to know today? _____