



LANIER ANIMAL HOSPITAL

5700 Cumming Highway

Building B

Sugar Hill, GA 30518

tel: 770.831.5965

fax: 770.831.3043

www.lanieranimalhospital.com

REPTILE & AMPHIBIAN HISTORY FORM

A detailed history is essential to provide the most appropriate veterinary care for your animal. Please complete this form as accurately as possible. If there is anything you are unsure about you can discuss it in more depth with the veterinary staff during your appointment.

ANIMAL DETAILS

Reptile name or identification: _____.

Common or scientific species name: _____.

Date of birth: _____ Age: _____ Sex: M F neutered/spayed unknown

Origin: captive bred wild caught import unknown

How long have you had this animal? _____.

From where did you obtain this animal? _____.

Does your reptile have a reproductive history? N Y , please give details; _____.

When did your reptile last shed? _____ How often has your reptile been shedding? _____.

Do you have any other reptiles or pets? N Y , please give details; _____.

Have you or your reptile had any contact with other reptiles in the last 30 days? N Y , please give details; _____.

When was the last reptile added to your collection? _____.

REASON FOR PRESENTATION TODAY

What is the primary complaint or what signs you have noticed? How long have these problems been present? _____.

What health problems has your reptile had previously? _____.

Has your reptile received any treatment in the last 30 days? N Y , please give details (what was used, dosage, how often, duration)? _____.

Have you noticed any change in your reptile's behavior? N Y , please give details _____.

Have any other animals or persons in the household had any illness in the last 30 days? _____.



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CAGE ENVIRONMENT

What type of cage is used? arboreal (tall, climbing) terrestrial aquatic Cage size: _____.

What is the cage made of? plastic/fibreglass wooden metal glass other: _____.

What décor and furnishings are present? _____.

Is there additional ventilation (grills or mesh)? N Y , please give size/details; _____.

Are bathing facilities provided? N Y , please give details; _____.

How often is the cage cleaned? _____.

What cleaning/disinfectant agents are used? _____.

What heating equipment is used?

Ceramic/infrared , power _____W thermostat control: N Y

Spot light/bulb , power _____W thermostat control: N Y

Heat mat , size: _____, under cage or inside cage thermostat control: N Y

Aquarium water heater , power _____W thermostat control: N Y

Other heaters, please give details; _____.

Are the heat sources screened from the animals? N Y , please give details; _____.

Can the animal(s) touch or access the heat source? N Y , please give details; _____.

Is additional lighting provided inside the cage? N Y

If yes, what type of light is used? Light bulb Fluorescent strip light

What is the model and manufacturer? _____.

When was the light last replaced? _____.

Are the lights screened from the animals? N Y , please give details; _____.

Can the animal(s) touch or access the lights? N Y , please give details; _____.

How many hours of light are provided each day? _____.

Is there ever access to direct sunlight (not through glass or plastic)? N Y

If yes, how many hours per day or per week? _____.

Do you measure the humidity in the cage? N Y , if yes what is the humidity level? _____.

What are the day time temperatures? Hottest area, basking area = _____ Coolest area = _____.

What are the night time temperatures? Hottest area, basking area = _____ Coolest area = _____.

Are these temperatures measured using a thermometer? Y N

Does anyone in the household smoke? N Y

Do you use any aerosolized products? N Y

Have there been changes in the reptile's environment in the last 3 months? N Y , please give details _____.



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DIET

How often do you feed your animal? _____.

Indicate which foods are eaten and in what amounts (by number, weight, or approx volume):

Plant material: Vegetables type and amount per feed; _____.

Frozen/thawed fresh other

Flowers type and amount per feed; _____.

Frozen/thawed fresh other

Fruits type and amount per feed; _____.

Frozen/thawed fresh other

Insects: crickets _____, locusts _____, mealworms _____, waxworms _____.

earthworms _____, others; _____.

Rodents: Mice type and number per feed; _____ Freshly killed

Rats type and number per feed; _____ Frozen/thawed

Birds or fish, please give details; _____ Live prey

Do you feed any wild animals to your animal? N Y , please give details; _____.

Any other food items fed? Please give details; _____.

Do you use any nutritional supplements? N Y , if yes what, how much, and how often; _____.

What water supply do you provide? tap water bottled water rain/river water

How is water provided? bowl dripper system spray , how often; _____.

How often is the water changed? _____.

Do you use any water supplements? N Y , please give details; _____.

Have you noticed any changes in feeding or drinking behavior? Please give details; _____.

Have you noticed any changes in droppings (fecal material, urine and urates)? Please give details; _____.

Any other comments or information;