

**Date:**

**Time:**

**Reptile/Amphibian Patient History**

<b>Type: Snake, Turtle, Tortoise, Lizard, Amphibian, Other</b>		<b>Breed/Species</b>
<b>History (SO)</b>		
Reason for visit?		
Signs?		
Where acquired?		
Length of Ownership/Approximate age?		
Other pets in household/enclosure?		
Previous illness/treatment?		
Illness in family members/other pets?		
Change in droppings?		
Growth rate?		
Shedding pattern (whole/pieces)?		
Date of last shed?		
Last hibernation?		
Appetite?		
Activity level?		
Comments:		
<b>Housing (SO)</b>		
Type and Size of enclosure?		
Type and number of props/hide areas?		
Type of flooring substrate?		
Frequency cleaned?		
Heat source? Light source?		
Hours light/dark?		
Temperature and humidity?		
Swimming/soaking area?		
Comments:		
<b>Diet (SO)</b>		
Usual diet?		
Feeding frequency?		
Prey size?		
Diet readily consumed?		
Where is animal fed?		
Supplements?		
Water source (tap,filtered,well)?		
Frequency changed/cleaned?		
Comments:		

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