

Basin Run Animal Hospital

572 Firetower Road Colora, MD 21917

410-658-5709

basinrunah@yourvetdoc.com

Reptile History

Client name: _____

Patient information

Patient name: _____

Species: _____

Age/DOB: _____

How long have you had the patient: _____

From where did you get the patient: _____

Do you *know* the patient's sex (ie sexing, laid eggs, etc):

Last shed, quality of shed, and usual frequency:

How long have you kept reptiles? _____

Presenting complaint:

Signs/symptoms:

How long have they been present/When did they start?

Any worsening or improving of signs? _____

What treatments have you tried at home?

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Has the patient had this issue previously? If so, how did it resolve?

Other illnesses or previous medical conditions:

Current medications:

Diet

Indicate what you feed and how often of the following:

Vegetables/greens:

Fruits:

Flowers: _____

Insects/invertebrates:

Do you gut-load or dust the invertebrates? If so, with what?

Rodents (frozen/thawed, live?):

Other:

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Supplements:

Water

How is it offered: _____

How frequently cleaned: _____

Any changes in intake: _____

Housing / Environment

Type and size of caging:

Temperature ranges: _____

Heat source(s):

Humidity: _____

What kind of UV lighting is offered and what spectrum?

How far is the UV light from the basking area? _____

When was the UV light last changed? _____

Type of bedding: _____

Types of decor: _____

How frequently is enclosure cleaned: _____

How frequently do you fully change the bedding: _____

Enrichment/toys:

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House with other animals or alone: _____

Other animals in the house:

Any new animals to the enclosure or house:

Where in the house is the enclosure:

Any recent changes to the enclosure or home:

Handling

How frequently handled: _____

By whom: _____

Other information:

