



Reptile Check In

PATIENT INFORMATION

Reptiles name: _____ Type of Reptile: _____

Species: _____ Age: _____ Sex, if known: M F

Circle all that apply: Captive bred Wild caught Imported Don't know

Where did you obtain it? _____

When did you obtain it? _____

Do you own other reptiles? Yes No

What species? _____

NUTRITION

What is your reptile's usual diet? _____

How often/ how much do you feed your reptile? _____

Last time fed? _____

Vitamin or mineral supplements? (specify brand/type) _____

How much given? _____

Given how often? _____

HUSBANDRY

Approximate size of your reptile's cage? _____

What lighting/heating sources are used:

During the day? _____

At Night? _____

Do you use a UVB light? _____ How old is it? _____

Do you use thermometers/hydrometers? _____

Day Temperature: High _____ Low _____

Night Temperature: High _____ Low _____

How is temperate regulated? (lampstand, changing bulb wattage seasonally, thermostat, rheostat, covering cage top)

How often is the cage cleaned and what cleaning products are used? _____

How is water offered? _____

What lines the cage floor? _____

Does your reptile ever roam free? _____

HEALTH

In your opinion, what is your reptile's major problem? _____

How long has your reptile had this condition? _____

List any medications or treatments currently used? _____

Appetite okay? _____ Stools okay? _____

Last skin shed? _____

Last veterinarian/clinic? _____