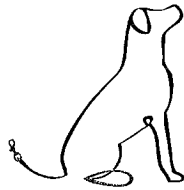


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Friendship

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Reptile & Amphibian History Form

ANIMAL HISTORY

Patient name: _____

Breed: _____ Date of Birth: _____

Sex: Male _____ Female _____ Determined by: Probe _____ Visual _____ Other _____

How long have you had this pet? _____

Where did you acquire your pet? _____

Does your pet have a reproductive history? _____; If yes, please give details: _____

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

Has your pet been sick at any other time during the last 12 months? _____

Has your pet been to see another veterinarian in the last 12 months? _____

Has your pet received any treatment in the last 30 days? _____ If so, please give details:

Do you have any other pets? _____ If so, please give details: _____

DIET AND HUSBANDRY

What type of enclosure is used? _____ Approximate dimensions? _____

What type of substrate/material is used on the bottom of the enclosure? _____

How often do you clean/change the enclosure? Daily _____ Weekly _____ Monthly _____

What is the heat source in the enclosure? _____ Where is it located? _____

What are the temperatures in the enclosure? Hottest area = _____ Coolest area = _____

Do you measure humidity in the enclosure? _____ If yes, what is the humidity level? _____

Is there a UVA/UVB light present? _____ When was it purchased? _____

What do you feed your pet? _____

How often do you feed? _____ Do you supplement calcium? _____

What type of water source is used? _____ How often is water changed? _____