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Reptile History Form

Client Information

Name: _____

Address: _____

Cell Phone: _____ Other Phone: _____

Email Address: _____

Employer: _____ Driver's License #: _____

Alternate Contact: _____ Alternate Contact Phone: _____

Pet Information:

Reptile Name: _____ Species: _____ Date of Birth/Age: _____

Sex (if known): _____ Determined by: Visually _____ Blood Test _____ Surgically _____ Probes _____

Does this reptile have any specific identification (tattoo, microchip, etc)? _____

If this reptile is female, has she produced eggs or given birth in the past? If yes, please describe. _____

Is this reptile a pet or breeder? _____ Date acquired: _____

How was the reptile acquired? Store _____ Breeder _____ Other (describe) _____

Are there any other pets in the house? If yes, please specify. _____

When did this reptile last shed its skin? _____

Did the shed appear normal? Please describe. _____

Has this reptile been sick previously? _____

Has the reptile been seen by any other veterinarian? If yes, why and when? _____

Have any tests been conducted previously on this reptile? If yes, what and when?

Bloodwork _____ Fecal Parasite Test _____ Skin Parasite Test _____

X-Rays _____ Other _____

Housing

Where is the reptile kept (specify percentage in each location)?

Indoors _____ Outdoors _____ Free roam in house _____

Describe the reptile's enclosure (size, material, etc). _____

Is the reptile housed alone? If no, describe. _____

What is/are the heat source(s)? _____

List enclosure temperatures. Basking site temperature _____

High temperature (day/night) _____ Low temperature (day/night) _____

What is the humidity in the enclosure? _____

How are the heat and humidity measured in the enclosure? _____

What is/are the light source(s)? Describe hours of use. _____

Is there a UV or full spectrum light source? Please describe, including hours of use. _____

What substrate and other objects are in the enclosure (Sand, gravel, newspaper, PVC, wood, hiding spots)?

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

Method/frequency of cleaning food and water dishes. _____

Does this reptile hibernate? If yes, where and for what period of time? _____

Has this reptile's environment changed recently? If yes, please describe. _____

Is this reptile ever soaked? If yes, where and how often? _____

Diet

What foods are offered to this reptile and in what total percentages (50% leafy green vegetables, 30% crickets, etc)? _____

If live insects are fed, are they offered food (gut loaded) before being fed to the reptile? If yes, with what product? _____

Are any vitamin or mineral supplements offered? If yes, what type and how often? _____

Are any treats offered? If yes, what type and how often? _____

Have there been any recent changes to this reptile's diet? _____

How is water offered (sipper bottle, bowl, dropper)? _____

Reason for Today's Visit

What signs have you noticed that prompted today's visit? _____

How long have you noticed the problem? _____