



Reptile Health Information

Date (yyyy-mm-dd) _____

Owner's Name _____

Pet's Name _____ Age (yrs) _____

Species _____

Address _____

City _____ Postal Code _____

Daytime ph _____

Alt Phone _____

New Pets: How did you acquire your pet?

Previous Veterinarian (for health records only)

Please describe concerns you have about your pet's health.

Describe any previous relevant health issues.

Indicate symptoms your pet experiences. Please provide details on reverse.

- Coughing
- Sneezing
- Eye discharge
- Nasal discharge
- Diarrhea
- Small dry feces
- Increased thirst
- Itching
- Abnormal activity
- Lumps

Current Weight (g) _____ Previous (g) _____

Describe heat source for your pet.

List any medications, vitamins or supplements that your pet takes.

Describe your pet's daily exercise e.g. amount, frequency, indoor, alone, with other pets, time out of cage.

Describe your pet's diet, including all types, amounts and frequency of feeding.

What is their water source? e.g. bowl, sipper. How often is the water changed?

Describe pet's cage type, size, bedding, how often it is changed

Is the cage exposed to sunlight? Does the light pass through glass? What is average day/night temp.

Does your pet have access to a bath or other water source for bathing/grooming?

Do you consider your pet overweight/underweight or fine

What other pets do you have in your home?

Has your pet been outside of the lower mainland in the past 12 months? Please list locations.



For each symptom that your pet experiences, please provide descriptions of **how long** the symptom has been present, **frequency**, general **appearance** and any other information that will assist the vet in understanding the symptom's effect on your pet.

Coughing

Sneezing

Eye or nasal discharge

Vomiting/
Regurgitation

Thirst e.g. how long? how much has drinking increased?

Abnormal Feces, including diarrhea, small firm, unusual colour, or absence of feces.

Itching - how long, area of body affected

New/Ongoing Lumps - location, changes, how long present

Describe any limping, stiffness, changes in activity level.

Describe any changes in behaviour