



Kensington Bird and Animal Hospital

977 Farmington Avenue • Kensington, CT 06037

(860) 828-7736

Reptile History Form

Species: _____ Reptile is a Pet Breeder
Approximate Age: _____ Sex: Male Female Unknown
Length of Ownership: _____
Method of Sexing: Visual Probe Other _____
If female, has the reptile ever produced eggs or given birth? Yes No Unsure
(if yes, when) _____
How was the reptile acquired? Store Reptile show/expo Rescue/Other _____
When did the reptile last have a bowel movement? _____
Were there any abnormalities? If yes, please describe: _____
When did the reptile last shed? _____ Description: Complete Partial Unsure

Housing

Where is the reptile kept? (specify percentage of time in each location):
Indoors: _____% Outdoors: _____% Roam free in house: _____%
Describe the reptile's enclosure (size, material, items inside). This can also be drawn out below:

What type of bedding is used? Newspaper Carpet Sand Mulch Other: _____
Is the reptile housed alone? Yes No (please describe): _____
What is/are the heat sources (check all that apply)?
 Bulbs Ceramic Heat emitter
 Heat tape/radiant heat panels Under tank heater
 Heat rock Mercury vapor bulbs
 Other _____
List enclosure temperatures: Daytime _____ Basking _____ Nighttime _____

How is heat measured? Digital Gauge Other _____

What strength UVB bulb is used? 2.0 5.0 10.0 None Other _____

Distance UVB bulb is from bottom of the cage: _____ How many watts is the UVB? _____

Humidity: _____ %

How is humidity measured? Digital Gauge Other _____

How is humidity maintained (check all that apply): Misted (frequency) _____

Fogger Large water dish Moss Other

How often is the reptile soaked? _____

Has the reptile's environment changed recently? No Yes

(if yes, explain) _____

Has the reptile ever hibernated? If so, when?

Diet

When is the last time the reptile ate? _____

Describe what foods are offered:

Are any vitamins or minerals offered? No Yes

(if yes, type and frequency given) _____

Have there been any changes or new foods? No Yes

(if yes, explain) _____

How is water offered? Water dish Dripper Fountain Other _____

Reason For Today's Visit

Is this a wellness exam? Yes No If not, please describe any signs that you have noticed that prompted today's

visit: _____

How long have you noticed the problem? _____

Has the reptile been sick previously? _____

Has the reptile been seen by another veterinarian? No Yes

If yes, when and why? _____

Have any tests been conducted previously on the reptile?

Bloodwork Fecal Parasite test Skin scraping/culture X-Rays
 Other _____

Additional comments:
