



# Kensington Bird and Animal Hospital

977 Farmington Avenue • Kensington, CT 06037

(860) 828-7736

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## 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:

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