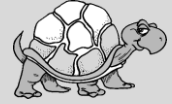




CLINICAL HISTORY QUESTIONNAIRE



Reptiles, Amphibians and Other Exotics

CLIENT'S NAME:

DATE:

PET'S NAME:

SPECIES:

SEX (IF KNOWN):

AGE (ESTIMATED):

REASON FOR TODAY'S VISIT:

CHECK UP

FECAL EXAM

NAIL TRIM

OTHER

IF OTHER, DESCRIBE:

WHEN DID YOU FIRST OBSERVE THESE SIGNS?

MEDICAL HISTORY

IS THIS THE PET'S FIRST PHYSICAL EXAMINATION BY A VETERINARIAN?

YES

NO

HAS THIS PET BEEN TO OUR CLINIC BEFORE?

YES

NO

IF YES, FOR WHAT:

HAS THE PET BEEN ILL IN THE PAST?

YES

NO

IF YES, WHEN:

DESCRIBE PREVIOUS ILLNESS:

HISTORY OF OWNERSHIP

SOURCE OF REPTILE:

HOW LONG HAVE YOU OWNED THIS REPTILE?

NUTRITION

DIET (LIST ALL ITEMS AND THE QUANTITY FED):

HOW OFTEN IS THE FOOD OFFERED?

HOW IS THE REPTILE'S APPETITE?

WHICH FOOD ITEMS ARE PREFERRED:

VITAMIN OR MINERAL SUPPLEMENTS:

WATER SOURCE:

HOW OFTEN IS IT CHANGED?



Client Name:

Date:

HOUSING

IS YOUR PET IN DIRECT CONTACT WITH OTHER REPTILES? YES NO

DO YOU HAVE ANY OTHER REPTILES OR ANIMALS IN THE HOME? YES NO

IF YES, WHAT SPECIES?

TYPE AND SIZE OF THE ENCLOSURE:

TYPE OF SUBSTRATE/BEDDING USED:

DESCRIBE THE CAGE FURNISHINGS:

ANY HIDING SPACES FOR THE REPTILE:

FREQUENCY OF CLEANING /DISINFECTION:

WHAT IS USED?

LIGHTING

TYPE OF LIGHT USED: _____ PHOTOPERIOD? YES NO

HOW MANY HOURS OF ACCESS TO LIGHT PER DAY?

HEATING

TEMPERATURE OF REPTILE'S ENVIRONMENT: _____ TEMPERATURE GRADIENT? YES NO

HEAT SOURCE USED:

ELIMINATION BEHAVIOR

FREQUENCY OF DEFECACTION: _____ WHEN WAS THE LAST DEFECACTION?

DESCRIPTION OF DROPPINGS:

SHEDDING

WHEN WAS THE LAST SHED? _____ WAS IT NORMAL? YES NO

ATTIUTUDE/ ACTIVITY LEVEL

HOW ACTIVE IS THE REPTILE AT HOME?

IS THE REPTILE CONFINED TO AN ENCLOSURE OR "FREE ROAMING"?

WHEN IS THE REPTILE ALLOWED OUT OF THE CAGE, IS IT SUPERVISED OR UNSUPERVISED?