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Exotic (Reptile/ Amphibian) History Form

Please fill out all information to the best of your abilities before your initial appointment.

Name or identification

Species

DOB

Sex

How did you obtain this animal?

Length of Ownership

Any reproductive history?

Last shed / frequency of sheds?

Any other pets in the household?

When was last reptile added to home?

Pet contact with other animals/reptiles last 30 days?

What type of cage is used?

Cage dimensions

What is cage made of?

Is there ventilation? (grills or mesh)

Type of bedding or substrate used

Decor and furnishings present?

Bathing facilities provided?

Frequency of cage cleaning

Cleaning and disinfecting agents used

Heating equipment used? add power in comments

Can animals touch or access heat source?

Additional lighting inside cage?

Are lights screened from the animals?

Can the animals touch or access the lights?

Hours of light each day?

Ever access to direct sunlight, not thru plastic or glass?

Do you measure humidity in the cage?

Daytime Temps

Nighttime temps

How are temps measured?

Changes in environment last 3 months?

Smokers in the house?

Do you use aerosolized substances?

Frequency of feedings

Diet composition

Insects fed?

Other commercial feeders

Are wild animals fed to your reptile?

Other food items fed? Provide Details

Nutritional supplements?

Water provided?

How is water provided? add frequency

Frequency of water change

Water supplements

Changes in feeding or drinking behavior?

Changes in droppings (fecal material, urine and urates)?

Primary complaint or signed noticed?

Any previous health issues?

Illness by other animals or persons in home w/i last 30 days?

Any changes in reptiles behavior?

Received any meds in last 3 months?