

Reptile & Amphibian History Form

Client Name: _____

Pet Name: _____

Phone Number: _____



Conejo Valley Veterinary Hospital

Where animals come first.

GENERAL HISTORY

Patient Name			
Age		<input type="checkbox"/> Approximate	<input type="checkbox"/> Exact
Sex	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Unknown <input type="checkbox"/> Neutered/Spayed	Determined by:	
		<input type="checkbox"/> Visual	<input type="checkbox"/> Endoscopy
		<input type="checkbox"/> Other	
Where was your pet acquired from?	<input type="checkbox"/> Breeder	<input type="checkbox"/> Rescue	
	<input type="checkbox"/> Pet Store	<input type="checkbox"/> Other	
How long have you had your pet?			
Do you have other reptiles/amphibians at home?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Describe:	
Does your pet come in contact with these reptiles?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Describe:	
Do you have other non-reptile animals?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Describe:	
Does your pet come in contact with these animals?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Describe:	

DIET

What foods are offered to your pet and how much? Please be as specific as possible.	Pelleted Diet:	Brand:	Amount:
	Vegetables:	<input type="checkbox"/> Frozen/Thawed <input type="checkbox"/> Fresh <input type="checkbox"/> OtherTypes:	Amount:
	Flowers:	<input type="checkbox"/> Frozen/Thawed <input type="checkbox"/> Fresh <input type="checkbox"/> OtherTypes:	Amount:
	Fruits:	<input type="checkbox"/> Frozen/Thawed <input type="checkbox"/> Fresh <input type="checkbox"/> OtherTypes:	Amount:
	Crickets:	Gut Loaded: <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount:
	Mealworms:	Gut Loaded: <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount:
	Waxworms:	Gut Loaded: <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount:
	Roaches:	Gut Loaded: <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount:
	Other Insects:	Types:	Amount:
	Mice:	<input type="checkbox"/> Frozen/Thawed <input type="checkbox"/> Freshly Killed <input type="checkbox"/> Live Prey Types:	Amount:
	Rats:	<input type="checkbox"/> Frozen/Thawed <input type="checkbox"/> Freshly Killed <input type="checkbox"/> Live Prey Types:	Amount:
	Fish:	<input type="checkbox"/> Frozen/Thawed <input type="checkbox"/> Freshly Killed <input type="checkbox"/> Live Prey Types:	Amount:

	Other:	Types:	Amount:
Are you providing Calcium Supplementation?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Amount:
Is Vitamin D3 included?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
How often do you feed your pet?			
Any changes in your pet's appetite or drinking behavior?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Describe:	

HOUSING

What are the dimensions/approximate size of your pet's tank?				
What is the tank made of?	<input type="checkbox"/> Plastic / Fiberglass <input type="checkbox"/> Wood <input type="checkbox"/> Metal <input type="checkbox"/> Glass <input type="checkbox"/> Mesh <input type="checkbox"/> Other _____			
What kind of substrate/flooring do you use?				
What décor and/or furnishings are present?				
Is there water available in the enclosure?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Describe:		
Does your pet have access to direct sunlight (not through glass or plastic)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Frequency and Length of Time:		
Does your pet have access to artificial full-spectrum (UVA and UVB) light?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	Brand of Bulb:			
	How Often is the Bulb Changed?			
What type of heating equipment is used?	<input type="checkbox"/> Ceramic or Infrared Bulb Thermostat control? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Spot Light/Bulb Thermostat control? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Heat mat Size= _____ <input type="checkbox"/> Outside of Tank <input type="checkbox"/> Inside of Tank	<input type="checkbox"/> Aquarium Water Heater Thermostat control? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Any other heating equipment used?		<input type="checkbox"/> No <input type="checkbox"/> Yes	Describe:
Can the pet touch or access the heat source(s)?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Describe:		
When was the light/heat sources last replaced?	Light:	Heat:		
Do you have meters that measure the following...?	<input type="checkbox"/> Temperature <input type="checkbox"/> Digital <input type="checkbox"/> Analogue	<input type="checkbox"/> Humidity <input type="checkbox"/> Digital <input type="checkbox"/> Analogue	<input type="checkbox"/> UVB <input type="checkbox"/> No Meter Present	
Daytime Temperatures?	Hottest/Basking Area: _____	Coolest Area: _____		
Nighttime Temperatures?	Hottest/Basking Area: _____	Coolest Area: _____		
Humidity in Enclosure?	Source of Humidity?			
What is your pet's day and night cycle?	Hours of Daytime:	Hours of Nighttime:		
How often is the tank cleaned?	Products used to clean?			
Do you soak your pet?	<input type="checkbox"/> No <input type="checkbox"/> Yes	How Often?		
Do you have any...	<input type="checkbox"/> Candles <input type="checkbox"/> Cigarettes <input type="checkbox"/> Non-Stick Cookware <input type="checkbox"/> Incense <input type="checkbox"/> Other Sources of Smoke: _____			
Do you use any aerosolized products?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Describe:		

FOR AQUATIC REPTILES

Do you perform water quality tests?	<input type="checkbox"/> Yes <input type="checkbox"/> No	How Often?
What tests are run and what are the results?	<input type="checkbox"/> Phosphate (PO ₄) _____ mg/L	
	<input type="checkbox"/> Calcium (Ca) _____	
	<input type="checkbox"/> Nitrate (NO ₃) _____ mg/L	
	<input type="checkbox"/> Nitrite (NO ₂) _____ mg/L	
	<input type="checkbox"/> Ammonia (NH ₃ /NH ₄) _____ mg/L	
	<input type="checkbox"/> pH (High Range) _____	
	<input type="checkbox"/> pH (Low Range) _____	
	<input type="checkbox"/> Carbonate Hardness (KH) _____ mg/L	
	<input type="checkbox"/> General Hardness (GH) _____ mg/L	
	<input type="checkbox"/> Iron (Fe) _____ mg/L	

MEDICAL HISTORY

Has your pet been seen by another Veterinarian?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	Location, Date, and Reason:
Any reproductive history?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	Describe:
Is your pet on any medications?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Describe:
When did your pet last shed?		
How often does your pet usually shed?		

REASON FOR TODAY'S VISIT

What is your reason for visit?	<input type="checkbox"/> Wellness / Healthy pet	<input type="checkbox"/> Sickness / Ailment / Injury	<input type="checkbox"/> Other
If your pet is sick, what is the primary complaint today, or what signs have you noticed?			
How long have these problems been present?			
Have there been any changes in your pets environment in the last 3 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Describe:	

Off Label Drugs

Common veterinary practice, and the medicine practiced here at Conejo Valley Veterinary Hospital, often involves the use of an approved drug in a manner that is not in accordance with the approved labeling, yet meets the conditions set by the Animal Medicinal Drug Use Clarification Act, as well as regulations set by the U.S. Food and Drug Administration (FDA). Examples of deviations from FDA-approved labeling include use in another species (which is the most common reason for off-label use in zoological companion animal species), use for a different indication, use at a different dose or frequency, and use of the drug via a different route of administration. By signing below, you are confirming that you understand the above description and are allowing the use of off label drugs for your pet if deemed necessary, and within the reasonable judgement of your veterinarian.

Date: _____

Signature: _____

Permission to Use Pictures and Names

I hereby give Conejo Valley Veterinary Hospital the irrevocable rights to use my pet's picture(s) and name, on the website and social media for education, display, public relations, and marketing. I hereby acknowledge receipt of adequate consideration and waive the right to charge for use of the picture(s) and names of my pet. I understand that these images may be modified to be used as design elements.

Date: _____

Signature: _____

Withdrawal Period of Medications For My Animal (Species Specific)

I understand that any medications given to my animal, whether one time administration, short-term, or long-term course, have a minimum period of time before all of the administered drug is eliminated from the body. I am agreeing to not consume the meat or eggs of the animal that has been/is being medicated for the minimum amount of time advised by my veterinarian, which will be dependent on the medication administered or prescribed. I am agreeing that any animal that is prescribed off-label medications will not be used for meat, milk, or egg production purposes. I am agreeing that any meat, dairy, or egg products produced by animals prescribed off-label medications will not be sold to consumers under any circumstances.

Date: _____

Signature: _____