



The Center for Avian and Exotic Medicine  
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## Aquatic Reptile History Form

**Client:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Pet's name:** \_\_\_\_\_ **Species:** \_\_\_\_\_

**Sex:** M F Unknown **Date of birth:** \_\_\_\_\_

**How long have you had your reptile?** \_\_\_\_\_

**Where did you obtain your reptile?** \_\_\_\_\_

### Housing:

• What type of enclosure does your reptile live in? \_\_\_\_\_

• What are the dimensions? H \_\_\_\_\_ x W \_\_\_\_\_ x L \_\_\_\_\_

• What is the water temperature? \_\_\_\_\_ Is there a thermometer in the water? \_\_\_\_\_

• Do you use a water heater? Yes No Unknown

• How often is the water changed? \_\_\_\_\_

• Do you treat (dechlorinate) the water or use bottled water? \_\_\_\_\_

• Do you use a water filter? \_\_\_\_\_ What kind? \_\_\_\_\_

• Is there a land or rock portion of the enclosure? \_\_\_\_\_

What is the temperature? Basking site \_\_\_\_\_ Day \_\_\_\_\_ Night \_\_\_\_\_

• Do you use a full-spectrum (UVB) bulb? Yes No Unknown

What kind of bulb is it? \_\_\_\_\_ How often is it replaced?

• Does your pet get direct sunlight (not through a window)? Yes No Unknown

• What is the light/dark cycle? \_\_\_\_\_

• Are there any other reptiles housed in the same enclosure? \_\_\_\_\_ If so, how long have they been together? \_\_\_\_\_

• Does your reptile spend time outside of its enclosure? \_\_\_\_\_ If so, where and how much time? \_\_\_\_\_

**Diet:**

• What do you feed your reptile? \_\_\_\_\_  
\_\_\_\_\_

Please fill in the percent of the total diet in each category **that your pet actually eats:**

Leafy greens	Other vegetables	Fruits	Insects	Fish	Pellets	Other (treats)	Total
							=100%

- How often do you offer food? \_\_\_\_\_
- Do you add vitamin or calcium supplements to the food? \_\_\_\_\_ If so, how often? \_\_\_\_\_  
What kind? \_\_\_\_\_
- Do you feed your reptile in the same enclosure that it lives in? \_\_\_\_\_ If not, where do you feed them? \_\_\_\_\_

**Medical History:**

- Has your reptile ever been checked for intestinal parasites? \_\_\_\_\_
- Has your (female) reptile ever laid eggs? Yes No Unknown
- Please list any previous medical problems: \_\_\_\_\_  
\_\_\_\_\_
- Please circle any current problems: **weight loss, weight gain, diarrhea, limping, wounds, vomiting/regurgitation, not defecating, shedding problems, difficulty breathing, lethargy, inactivity, increased appetite, decreased appetite, anorexia, eyes swollen, deformed bones**  
Describe \_\_\_\_\_  
\_\_\_\_\_