



The Center for Avian and Exotic Medicine
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Snake History Form

Client: _____ **Date:** _____

Pet's name: _____ **Species:** _____

Sex: M F Unknown **Date of birth:** _____

How long have you had your snake? _____

Where did you obtain your snake? _____

Housing:

• What type of enclosure does your snake live in? _____

• What are the dimensions? H _____ x W _____ x L _____

• Do you use a hygrometer (humidity meter)? Yes No Unknown

What is the humidity? < 20% / 20-40% / 40-60% / 60-80% / >80% / ?

• How is the enclosure heated (e.g. light, heating pad, heat rock)? _____

• What is the temperature? Basking site _____ Day _____ Night _____

• Do you use thermometers? Yes No Unknown

If so, where are they located? _____

• What kind of lighting do you use for your snake? _____

• What is the light/dark cycle? _____

• What is the substrate (bedding)? _____

• What is the water source? _____

• Are there plants, branches, or other climbing structures? _____

Is there a hiding area? What kind? _____

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

• Does your snake spend time outside of its enclosure? _____ If so, where and how much time? _____

Diet:

- What do you feed your snake? _____
- Do you feed live or frozen prey? _____
- How often do you offer food? _____
- Do you feed your snake in the same enclosure that it lives in? _____ If not, where do you feed them? _____

Misc:

- Do you soak or bathe your snake? Yes No
If so, how often? _____
- How often do they defecate? _____
- Do they have any seasonal behavior changes? _____
- How often are they handled? _____
- How often do they shed? _____ Do they normally shed skin whole or in pieces? _____

Medical History:

- Has your snake ever been checked for intestinal parasites? _____
- Please list any previous medical problems: _____

- Please circle any current problems: **weight loss, weight gain, diarrhea, behavior change, wounds, vomiting/regurgitation, not defecating, shedding problems, difficulty breathing, lethargy, inactivity, increased appetite, decreased appetite, anorexia, eyes swollen, deformed bones, redness/swelling around vent**
Describe _____
