**REPTILE HUSBANDRY CLIENT INTAKE FORM**

Species\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sex M F (Ever laid eggs?\_\_\_\_ ) Unknown

Where obtained\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long owned\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Brief reason for today’s visit\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HOUSING**

Describe patient’s primary enclosure\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Substrate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Visual security/hide box? Y N Describe\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Temperature in enclosure: low \_\_\_\_\_ᵒF high \_\_\_\_\_ᵒF Heat source(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For species requiring supplemental humidity, how are humidity needs being met? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there a water source in the enclosure? Y N If yes, please describe\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Light source \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Brand of bulb(s) \_\_\_\_\_\_\_\_\_\_\_\_\_ Age of bulb \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Light cycle: \_\_\_\_\_\_ hrs light \_\_\_\_\_ hrs dark manual or timer

In appropriate weather, does the patient spend any time in direct sunlight? Y N

If yes, how much time per week? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervised? Y N

Does the patient spend any time out of his/her enclosure? Y N If yes, is the patient supervised? Y N

How often is the patient soaked or misted? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DIET**

Primary foods offered \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Where is food purchased? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For patients that eat rodents: Is prey frozen or live? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are live prey items stunned before being offered? Y N

If feeding insects, are the insects fed/gut loaded for at least 24 hours prior to being offered? Y N

List any treats or other food items offered \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How often is patient fed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How much food is offered? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What food items are actually consumed by patient? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supplements? Y N If yes, what types? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Frequency?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEDICAL HISTORY**

Has the patient even had any health problems? Y N If yes, please explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has the patient ever been seen by another DVM? Y N If yes, where\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If the patient has been seen by another DVM, may we request the records? Y N

Have any reptiles/amphibians become sick or died in the home in the past 6 months? Y N

Are there any other pets in the home? Y N \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Anything else you want the Doctor to know today?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_