

## Reptile Husbandry Client Intake Form

Client Name \_\_\_\_\_ Patient Name \_\_\_\_\_

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 \_\_\_\_\_ °F high \_\_\_\_\_ °F 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? \_\_\_\_\_