

Cornell Hospital for Animals

REPTILE HISTORY FORM

This history form is to help us get to know your pet a little better. Please answer the questions as thoroughly as possible and **feel free to include images as needed**.

You will not need to re-upload this entire form on every appointment. Upon future appointments, you will be shown the previous history form and you will be able to comment on changes as needed.

****Please bring a fecal sample to your appointment for a possible parasite check!****

Maintain feces wrapped in a wet paper towel, and stored in a zip-lock bag in the refrigerator for up to 24 hours.

Thank you bringing your pet to CUHA!

CLIENT NAME:

PET NAME:

REASON FOR PRESENTATION:

What is the main reason you are coming to the veterinarian today?

When did the problem start?

Please elaborate on your concerns as much as possible here:

GENERAL INFORMATION:

How old is your pet?

How long have you owned your pet?

When you first obtained your pet, was he/she still growing?

Yes

No

Unknown

Where was your pet acquired from? shelter/rescue group/breeder/pet store/found/friend/other (please specify if other)

Shelter

Rescue Group

Breeder

Pet Store

Found

Friend

Other (please specify)

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Has your pet ever been seen by a veterinarian?

Yes No Unknown

If yes, when was the last time?

What is the sex of your pet?

Male Female Unknown

If you know the sex, how has the animal been sexed?

Does your pet have any known health problems?

Have any prescriptions medications been given to your pet in the last 2 weeks?

Yes No Unknown

Please list them here along with dosing directions if possible.

Is the patient on any vitamins, supplements, or over-the-counter medications?

Yes No Unknown

Please list them here along with doses.

Are there any behavioral problems you wish to speak to the doctor about today?

Aggressive towards human Aggressive toward other animals

Vocalizing Urinating in inappropriate places

Other (please specify)

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Is your pet gait or movement different than normal?

Yes No Unknown

If yes, for how long have you noticed this abnormality?

Is your pet's attitude or activity level different than normal?

Yes No Unknown

If yes, describe how is it different.

Is there any difficulty breathing?

Yes No Unknown

If yes, describe what is happening.

Is your pet been coughing or sneezing?

Yes No Unknown

Is your pet shedding different than normal?

Yes No Unknown

If yes, describe what is happening.

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DIET:

What is the normal diet your pet eats? Please be as specific as possible.

Hay	Type, brand, quantity:
Vegetables	Type, quantity:
Pellets/Kibbles	Type, quantity:
Fruits	Type, quantity:
Prey	Type, quantity:
Other	Type, quantity:
Treat	Type, brand, quantity:

Did you make any changes in the last two weeks in the diet, such as offering new food or switching to a different food?

Yes No Unknown

If yes, what did you change?

Current eating habits

Has your pet eaten in the last 24 hours?

Yes No Unknown

If no, when is the last time your pet ate?

If yes, is your pet eating normally or less than normal?

Normal Less than normal

If your pet is eating less than normal, what percentage would you say he/she is eating?
(example, eating 50% less)

If your pet is eating less than normal, is he/she eating less of a specific food? Please specify
which food your pet is avoiding and which food your pet is preferring.

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Could your pet have ingested foreign material?

Yes No Unknown

If yes, what do you suspect could be the foreign material?

Could your pet have ingested a toxin?

Yes No Unknown

If yes, what do you suspect could be toxin?

Current drinking and eliminating habits

How do you offer water?

How often do you change the water?

Is your pet drinking normally?

Yes No Unknown

If no, how is that abnormal?

Is your pet defecating normally?

Yes No Unknown

If no, how is that abnormal?

If you think your pet is having diarrhea, please describe the diarrhea as best you can. Does it happen every time they go to the bathroom?

Is your pet urinating normally?

Yes No Unknown

If no, how is that abnormal?

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ENVIRONMENT:

Enclosure

Where does your pet live?

- | | |
|-------------------------------|-------------------------|
| Free-roaming in the house | Free-roaming in a room |
| In an exercise pen or playpen | In an indoor terrarium |
| In an outdoor enclosure | Others (please specify) |

Does your pet live in different habitats during warm and cold months?

Yes No Unknown

If yes, how do the habitats change?

If your pet stays in a terrarium, what are its dimensions?

Where is the terrarium located in your house?

Does your pet live in their environment alone?

Yes No Unknown

Are there other pets in the household?

Yes No Unknown

Do they have interactions with the pet you are bringing here?

Yes No Unknown

What decor is in the enclosure? Please provide a number of hide huts, toys, litter boxes.

What kind of substrate/bedding do you place on the bottom?

If using a litter box, what do you use for litter?

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How often and with what is the enclosure cleaned?

Do you exercise your pet?

Yes No Unknown

If yes, how do you do this?

If available, please include a picture of your pet enclosure

Temperature and UVB exposure

Is your pet exposed to natural, unfiltered sunlight? (Unfiltered sunlight means without a glass or window in between your pet and the sun)

Yes No Unknown

If yes, how many hours per day on an average warm day?

If yes, how many hours per day on an average cold day?

Is your pet exposed to a UVB lamp?

Yes No Unknown

If yes, please specify the brand and watts

Is your pet exposed to a lamp providing heat?

Yes No Unknown

If yes, please specify the watts

Is your pet exposed to a heat mat?

Yes No Unknown

If yes, please specify the watts

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Do you have any additional sources of heat?

Yes No Unknown

If yes, please specify the source of heat

What is the warmest temperature available in the terrarium or the room where your pet lives?

What is the coldest temperature available in the terrarium or the room where your pet lives?

How many hours of light does your pet have each day?

Others

Did you make any changes in the last two weeks regarding your pet environment, such as changing detergents or changing enclosure?

Yes No

If yes, what did you change?

Are you aware of any potential stressful events that occurred in the last two weeks?

Yes No Unknown

If yes, what type of stressful event?

Could your pet have been in contact with toxic material?

Yes No Unknown

If yes, what do you suspect could be toxic material?

Is there anything additional you wish to share with us about your pet?