

Pet's Name:	Last Name: _		_Type of Reptile:		
Age:	Allowed out of the cage to move	around the house:	Unsupervised Super	vised [
Allowed to go outside: Never Rarely Frequently					
If you are new to our practice, does your pet have any medical issues we should know about?					
No Yes					
What is the main reason for your visit today?					
_ Diet					
Please describe your pet's diet in detail. Indicate what is fed, how often, and what is eaten.					
Do you use a vitamin or mineral supplement? No Yes					
How is water provided (bottle, dripper, bowl, etc)?					
—Habitat ———————————————————————————————————					
——————————————————————————————————————	our pet's habitat in detail, including) SIZE, LYPE, TUITIILUIE	, beauing, toys, etc.		
What type of heat source(s) do you use?					
If using a thermometer, what temperature do your keep the habitat at?					
What type of light source do you use?					
	Do you use a UVB light? How often is it changed?				
Do you monitor the humidity in your pet's habitat? If yes, what is it?					
← Observation	າຣ ———				
Have you noticed a	any of the following?	Changes in sleep p	patterns or activity levels:		
Weight changes:	Veight changes: Changes in appetite: Lameness (limping) or tenderness:) or tenderness:		
Drinking more/les	Drinking more/less than normal: More Less Bad breath or other odors:				
Stool/droppings n	Stool/droppings more or less: More Less Eye discharges or changes:				
Digestive upsets: Regurgitation Diarrhea Flatulance Sneezing, coughing, drooling:					
Scratching, rubbir	Scratching, rubbing, biting at themselves: Skin/Scale/Shell changes, lumps or bumps:				
Changes in exercise tolerance, agility, ability to move around: Behavior changes or issues:					