

# Madison Veterinary Hospital, P.A.

262 Main Street, Madison, NJ 07940

## REPTILE/AMPHIBIAN HISTORY FORM

Date: \_\_\_\_\_

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

Breed: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Please complete as much as possible of this history sheet and bring it to the hospital on the day your pet is scheduled to have its examination.

Preferred Doctor to do Examination: \_\_\_\_\_

Check All That Apply.

### Diet

Vegetables Type: \_\_\_\_\_

Fruit Type: \_\_\_\_\_

Insects Type: \_\_\_\_\_

Rodents Type: \_\_\_\_\_

Vitamin/Mineral Supplement Type: \_\_\_\_\_

Other Type: \_\_\_\_\_

### Environment

Type of caging: \_\_\_\_\_ Location: \_\_\_\_\_

Other species currently owned: \_\_\_\_\_

Bedding/Substrate: \_\_\_\_\_

Temperature: Day \_\_\_\_\_ Night \_\_\_\_\_

Thermometer Hygrometer Humidity (%) \_\_\_\_\_

Water Source: Bottle Bowl Drip

Light Source: Type: \_\_\_\_\_

Heat Source: Type: \_\_\_\_\_

### Physical Symptoms

Vomiting Frequency? \_\_\_\_\_ Vomits what? \_\_\_\_\_

Diarrhea Frequency? \_\_\_\_\_ Color? \_\_\_\_\_

Consistency? \_\_\_\_\_ Blood? \_\_\_\_\_

Appetite: Decreased Increased No Change

Thirst: Decreased    Increased    No Change  
Breathing: Normal    Abnormal    Abnormality: \_\_\_\_\_  
Coughing: No    Yes    Frequency/Consistency: \_\_\_\_\_  
Sneezing: No    Yes    Frequency/Consistency: \_\_\_\_\_  
Droppings: Normal    Increased    Decreased  
    Problems with dropping: \_\_\_\_\_  
Activity: Normal    Decreased    Increased    How? \_\_\_\_\_  
Last shed [if applicable] \_\_\_\_\_

## Appearance

Scales/Skin: Normal    Abnormal    How? \_\_\_\_\_  
Weight: Normal    Increase    Decrease    How much? \_\_\_\_\_  
Eyes: Normal    Abnormal    How? \_\_\_\_\_

Other Symptoms:    Please list any questions or concerns.

Medications:    Please list any current or past medications.

Thank you for completing this health questionnaire. Your answers are very important in focusing our attention on the areas in which your pet might need help.