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240-687-1414

REPTILE NEW PATIENT FORM

Environment and diet play a fundamental role in the health of exotic pets. In order to obtain the best assessment of your pet's health and therefore provide the most appropriate care, it is very important that we have very detailed information regarding your pet. Please complete this form as thoroughly and accurately as possible. If you are unsure about any questions, please answer to the best of your ability or ask a veterinarian or staff member for clarification.

CLIENT INFORMATION

Date: _____ How did you hear about us? _____

First and Last name: _____

Spouse/Secondary Name (If applicable): _____

Mailing Address: _____

City/State/Zip: _____

Home Telephone: (____) _____ Work Telephone: (____) _____

Cell Phone: (____) _____ E-mail Address: _____

PATIENT INFORMATION

Pet's name: _____

Species: _____ Age/Date of birth: _____

Sex: Male Neutered Male Female Spayed Female Unknown

Where did you obtain your reptile? _____

How long have you had your reptile? _____ Is your reptile: Wild caught Captive bred?

Color/Markings: _____

HOUSING

What type of enclosure does your reptile live in? _____

What are the dimensions? x H _____ x W _____ x L _____



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Do you use a hygrometer (humidity meter)? Yes No Unknown

What is the humidity? _____

How is the enclosure heated? (e.g. light, heating pad, heat rock): _____

How long are the lights on/off? Day: _____ Night: _____

What is the temperature? Day _____ Night _____ Basking site _____

Do you use thermometers? Yes No Unknown

Where are they located? _____

Do you use a full-spectrum (UVB) bulb? Yes No Unknown

What kind of bulb is it? _____ How often is it replaced and when was the last time? _____

Does your pet get direct sunlight (not through a window)? Yes No Unknown

Does your reptile spend time outside of its enclosure? Explain: _____

What is the substrate (bedding)? _____

What is the water source? _____

Are there plants, branches, or other climbing structures? _____

Is there a hiding area? What kind? _____

Are there any other reptiles housed in the same enclosure? _____

What species and how long have they been together? _____

For aquatic species such as water turtles:

How often do you change the water completely? _____

How often do you partially change the water? _____



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Do you use a water heater? Yes No Temp: _____.F How do you measure it? _____

Does the aquarium have a filter? Yes No Do you dechlorinate the water? Yes No

Is there a basking site provided out of the water (describe)? _____

DIET
Please fill in the percent of the total diet and types of food in each category that offer your pet and what your pet actually eats:

Leafy greens _____

Other vegetables _____

Legumes/Beans _____

Fruits _____

Insects/Small rodents: Live Dead (circle one) explain _____

Pellets- Brand/Type: _____

Other (including treats): _____

How often do you offer food? _____ Where do you feed your reptile? _____

Do you add vitamin or calcium supplements to the food? Yes No

How often? _____ What kind? (Include brand if known) _____

If insects are fed, are they gut-loaded? Yes No Unknown

What do the insects eat? _____

MISCELLANEOUS

Do you soak or bathe your reptile? Yes No How Often? _____

Do they have any seasonal behavior changes? _____



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MEDICAL HISTORY

Has your reptile ever been checked for intestinal parasites? _____

How often do they defecate? _____

Has your reptile ever laid eggs? Yes No Unknown

How often does your reptile shed? _____ When was the last shed? _____

Were there problems? _____

Please tell us why you have brought your pet in for an examination: _____

Is there anything else you would like us to know today? _____
