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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? \_\_\_\_\_

\_\_\_\_\_