

Reptile/Amphibian New Patient History



• This Visit

Reason for visit today? _____

How did you hear about All Creatures Animal Hospital? _____

• Owner & Pet Identification

Owner's Name(s): _____

Home Phone: _____ Business Phone: _____ Cell Phone: _____

Address: _____ City, State, Zip: _____

Pet's Name: _____ Species: _____ Age/Hatch date: _____

Sex: Male Female Unknown

→If female, has she laid eggs or produced young? Y/N

• Source of Animal

Date acquired: _____

Animal obtained from: Pet store Breeder Friend/family member Private Party

Animal's origin is: Hand-raised Wild-caught Unknown

Was pet isolated from other animals prior to introduction to present location? Y/N

• Diet

What does your pet eat?

Vegetables Type and quantity: _____

Fruits Type and quantity: _____

Pellets Type and quantity: _____

Animals/fish/insects Type and quantity: _____

Other Type and quantity: _____

Vitamin/Mineral supplements Type and quantity: _____

How often do you feed your pet? Several times/day 1x/daily Several times/week 1x/week

How is water offered? Bowl/dish Bottle Spray mist Drip system

• Cage & Environment

Pet is kept: Always caged Caged at night/part of day Free in the house

→If caged, what kind of cage? Aquarium Wire/mesh Wood Other _____

