



# OLATHE ANIMAL HOSPITAL

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www.olatheanimalhospital.com



## Reptile History Form

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1. Owner's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_
2. Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_
3. City/State/Zip: \_\_\_\_\_ E-mail address: \_\_\_\_\_
4. Emergency Contact/ Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_
5. Reptile's Name: \_\_\_\_\_ Species: \_\_\_\_\_ Sex: M / F / Unknown
6. How was the sex identified? Surgically \_\_\_\_\_ Other (describe) \_\_\_\_\_
7. Is this animal a: (circle) pet / used for breeding Has it produced: (circle) live young / eggs
8. Source: Store / Private Breeder / Other \_\_\_\_\_
9. Age: \_\_\_\_\_ Date Acquired: \_\_\_\_\_ Wild Caught \_\_\_\_\_ Domestic Bred \_\_\_\_\_
10. Describe cage/enclosure—how tall, wide, deep? Type of substrate? Type of lighting? Accessories?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
11. Is the animal allowed to roam free in the house? Yes / No
12. Do you have a thermometer in cage? Yes / No
  1. Temperature in the basking spot: \_\_\_\_\_
  2. Temperature on the cool end: \_\_\_\_\_
  3. Average temperature: \_\_\_\_\_
13. Do you have a UV-B light? Yes / No How often is it replaced? \_\_\_\_\_
14. Other reptiles at home? Yes / No If yes, where? \_\_\_\_\_
15. List types of other reptiles on the same premises: \_\_\_\_\_
16. Are any other reptiles sick? \_\_\_\_\_ Have any died? \_\_\_\_\_ If yes, give details: \_\_\_\_\_  
\_\_\_\_\_
17. List other pets on the premises: \_\_\_\_\_
18. How often does the cage get cleaned? \_\_\_\_\_

1. Type of cleaning method used? \_\_\_\_\_

2. How often? \_\_\_\_\_

19. How is water offered? cup, bowl, tube? \_\_\_\_\_

Can your pet get into the water to soak? Yes / No

20. Food (brand or type) \_\_\_\_\_ amount \_\_\_\_\_

Live Insects (what type) \_\_\_\_\_ amount \_\_\_\_\_

Freeze dried insects \_\_\_\_\_ amount \_\_\_\_\_

Live Prey \_\_\_\_\_ amount \_\_\_\_\_

Frozen Prey \_\_\_\_\_ amount \_\_\_\_\_

Table foods \_\_\_\_\_ amount \_\_\_\_\_

1. If feeding insects, are they gutloaded? Yes / No

2. Do you use a calcium supplement? Yes / No How often? \_\_\_\_\_

3. Do you use a multivitamin supplement? Yes / No How often? \_\_\_\_\_

21. Recent changes in the diet? \_\_\_\_\_

22. What signs/symptoms have you noticed regarding this reptile? \_\_\_\_\_

23. What previous tests have been done on this reptile? (circle all that apply)

Bloodwork, fecal (check for parasites) Other \_\_\_\_\_

24. Has this reptile seen any other veterinarian? \_\_\_\_\_ When and why? \_\_\_\_\_

25. Comments: \_\_\_\_\_

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

I was referred to your hospital by: \_\_\_\_\_

*Opt Out: Check this box if you do NOT want your pet's picture or name displayed on our website, Facebook, Twitter, or any promotional materials. We love sharing our pictures with other pet lovers!*

*Thank you for taking the time to provide the above information!*

**ALL FEES ARE DUE WHEN SERVICES ARE RENDERED. Thank you for your cooperation in this matter.**

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