



## Reptile/Amphibian New Patient History

### \*New Client Information

Name of owner(s): \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Email address: \_\_\_\_\_ How did you hear about our practice? \_\_\_\_\_

Reason for visit: \_\_\_\_\_

### \*Pet Information

Pet's name: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_

Age/Hatch date: \_\_\_\_\_ Date acquired: \_\_\_\_\_ Sex (circle): Male Female, eggs laid? Yes/No Unknown

Any other pets in the household? If yes, please list: \_\_\_\_\_

### \*Source of Pet

Pet obtained from: \_\_\_\_\_ Origin (circle): Hand-raised Wild caught Unknown

Was the pet isolated from other pets prior to introduction to present location? Yes No

### \*Diet

What does your pet eat? Please list type and quantity of the food/item fed and how often fed those foods/items.

Vegetables \_\_\_\_\_

Fruits \_\_\_\_\_

Pellets (include brand) \_\_\_\_\_

Animals/Fish/Insects \_\_\_\_\_

Vitamins/Minerals/Supplements \_\_\_\_\_

How often do you feed your pet? \_\_\_\_\_ How is water offered? \_\_\_\_\_

### \*Cage and Environment

Pet is kept (circle): Always caged Caged at night/part of day Free in house If caged, what type: \_\_\_\_\_

Approximate cage dimensions and location: \_\_\_\_\_ Frequency of cleaning: \_\_\_\_\_



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What do you clean your cage with? \_\_\_\_\_ Do you use any water filters in cage?: No Yes, type \_\_\_\_\_

What is the temperature of: The warmest spot in the cage during the day? \_\_\_\_\_

The coolest spot in the cage during the day? \_\_\_\_\_

The warmest spot in the cage during the night? \_\_\_\_\_

The coolest spot in the cage during the night? \_\_\_\_\_

These temperatures are based on (circle): estimates actual readings

How do you heat the cage (circle)?: Overhead lamp Ceramic heater Hot rock Water heater

Undercage heating pad Room heat Other \_\_\_\_\_

Describe lighting used (circle): Fluorescent Incandescent Ultraviolet Night (red) light

What do you use to line the cage?: \_\_\_\_\_

Do you mist the cage or add humidity to the cage? No Yes, if yes how often? \_\_\_\_\_

Do you soak your pet in a separate container? No Yes, if yes how often? \_\_\_\_\_

Do you have any other reptiles/amphibians? Yes No

If yes, are they cage mate(s) or housed nearby? (circle one)

If yes, please list species: \_\_\_\_\_

Are any other reptiles/amphibians sick or have any died recently?: Yes No

### \*Previous Medical History

Has your pet had any previously diagnosed illnesses?: No Yes, if yes what? \_\_\_\_\_

Has your pet had any laboratory tests performed?: No Yes, if yes what? \_\_\_\_\_

Is your pet taking any medications?: No Yes, if yes what? \_\_\_\_\_

Has your pet ever had surgery?: No Yes, if yes what? \_\_\_\_\_

Have you noticed any of the following signs/symptoms? Decreased appetite Regurgitation/vomiting Lameness  
Skin wounds Change in personality (aggression, lethargy, etc.) Difficulty breathing

Shedding problems (circle)?: No Yes Last shed: \_\_\_\_\_

Change in stools (circle)?: Diarrhea Decreased stool output Undigested food items Other: \_\_\_\_\_



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\*Authorization: I hereby authorize the veterinarian to examine, prescribe for, for treat the above patient. I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit of the estimate cost will be required for surgical treatment.

**\*\*Payment for all services are due at the time of the visit\*\***

**\*\*We accept Visa, Mastercard, Discover, American Express, Care Credit, and Cash\*\***

**\*\*PERSONAL CHECKS ARE NOT ACCEPTED AT FIRST VISIT\*\***

**\*\*City Creatures Animal Hospital utilizes social media as a business form of marketing and as an educational resource for pet owners. Within the context of promoting the business, we would like to use images, videos, and/or information regarding your pet's health condition. If you do not wish to participate simply check the box below and initial.\*\***

Opt Out

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_