



**Lexington-Bedford
Veterinary Hospital**

Reptile Information Sheet

Owner's Name: _____ **Date:** _____

Patient's Name: _____ **Age:** _____ **Date Acquired:** _____

Species: _____ **Sex:** M / F / Unknown

Please describe your pet's diet:

Diet & amount fed: _____

Supplements: _____

Please describe your pet's cage:

Type: _____ Size: _____

Substrate (sand, paper, reptile carpet, etc.): _____

Day temperature: _____ Night Temperature: _____

Basking temperature: _____

Is temperature measured by a thermometer? _____

Light Sources (heat lamp, UV light): _____

Do you measure the humidity in the cage? _____ If so, how high is the humidity? _____

Do you have other reptiles or amphibians at home? _____

Is your pet currently sick? _____ If yes for how long? _____

What signs or symptoms are you seeing? _____

Are any other animals affected? _____ If yes which ones? _____

Has your pet been sick before? _____

When did your pet last eat? _____ What did it eat? _____

Have you given this patient any type of medication? (list those prescribed by a veterinarian and those bought from a pet store): _____