



*Wildwood Veterinary Hospital 1115 Luchessi Drive, San Jose, California 95118 408.265.8811*

**New Patient Information:**

Thank you for giving us the opportunity to help care for your pet. In order to serve you better, please fill out the following information about your reptile or amphibian.

Patient name: \_\_\_\_\_ Date: \_\_\_\_\_

Do you know the sex of your pet? Female      Male      Unknown

How was this determined? Diagnostic testing      Other: \_\_\_\_\_

If female, has your pet ever laid eggs? Yes      No

What is your pet's date of birth? (Month and year)? \_\_\_\_\_ Estimated: \_\_\_\_\_

Species: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Where did you acquire your pet? \_\_\_\_\_

When did you acquire your pet? (Month and year)? \_\_\_\_\_

**Husbandry Information**

Are there other pets in your home? Yes      No

If yes, please specify: \_\_\_\_\_

Does your pet share an enclosure with any other animals? Yes      No

If yes, please specify: \_\_\_\_\_

What does your pet eat? Please include all foods and treats offered: \_\_\_\_\_

How often do you feed your pet? \_\_\_\_\_

How much is offered for each meal? \_\_\_\_\_

Do you give any supplements (calcium, calcium with Vit. D3, multivitamin, other)? Yes      No

If yes, please specify: \_\_\_\_\_

What is the size and type of the cage? \_\_\_\_\_

What material is the cage made from? \_\_\_\_\_

What kind of bedding (substrate) is used in the cage?

Paper towels      Coconut fiber      Reptile Carpet      Sand      Tile

Aspen bark      Contact paper      Other: \_\_\_\_\_

Please list and describe any cage furniture, hide spots, plants, branches or climbing structures, and toys:

How often do you clean the cage and what do you use? \_\_\_\_\_

For aquatic environments, how often is the water changed? \_\_\_\_\_

Is the water treated? Yes      No      What type and size filter is used? \_\_\_\_\_

How often is the filter changed? \_\_\_\_\_



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Do you have a UVB light in your pet's cage? Yes No

If yes, when was the bulb last changed? \_\_\_\_\_

What are the temperatures at the coolest and warmest spots of the cage? \_\_\_\_\_ °F

What are the day and night temperatures? \_\_\_\_\_ °F

Estimates or thermometer temps? \_\_\_\_\_

How is it heated during the day? \_\_\_\_\_ At night? \_\_\_\_\_

What is the cage humidity? \_\_\_\_\_

Do you provide a water dish? Yes No

Do you provide a sauna? Yes No

Do you provide a drip system? Yes No

Do you provide warm soaks? Yes No

If yes, how? Sink Tub Plastic Tub Other: \_\_\_\_\_

Do you handle your pet? Yes No

If yes, how frequently and how long? \_\_\_\_\_

Does your pet get any free roam time? Yes No

If yes, how frequently and how long? \_\_\_\_\_

**Visit Information:**

What is the reason for the visit? \_\_\_\_\_

Has your pet received prior veterinary care? Yes No

If yes, when and where? Please provide all locations and approximate dates: \_\_\_\_\_

Please describe any previous medical problems: \_\_\_\_\_

What medication is your pet currently on? Include all prescriptions, supplements, vitamins, topical treatments, etc: \_\_\_\_\_

If your pet is sick, has your pet experienced any of the following?

Regurgitation Diarrhea Coughing Sneezing

Loss of appetite Change in activity level No

If present, please describe: \_\_\_\_\_

Has your pet experienced any of the following?

Excessive consumption of water Excessive urination Straining to urinate

Decreased stool production Straining to defecate No

If present, please describe: \_\_\_\_\_



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When did the above symptoms first appear? \_\_\_\_\_ N/A

How have these symptoms changed since first being noticed? \_\_\_\_\_ N/A

Have any at home treatments been provided for this concern? \_\_\_\_\_ N/A

**Behavior Comments:**

Has your pet exhibited aggressive behavior before? Yes                      No

If yes, please describe: \_\_\_\_\_

Is your pet exhibiting hormonal or mating behaviors? Yes                      No

**Please Initial One:** Do Resuscitate: \_\_\_\_\_ Do Not Resuscitate: \_\_\_\_\_

I, the undersigned, certify that the above information is true and correct to the best of my knowledge.

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

Client Printed Name: \_\_\_\_\_

Primary Caretaker (if different from above) and age (if minor): \_\_\_\_\_