



Abbey Animal Hospital
1949 Lynnhaven Pkwy. #1524
Va. Beach Va. 23453

REPTILE HISTORY FORM

Pet's Name _____ Your name: _____

Type of Reptile (be as specific as you can be): _____

- 1.) Is this your first reptile? If no what other reptiles have you had: _____
- 2.) Do you have any other reptiles living together with this one? _____
- 3.) Do you have any other pets? If Yes please write species and number you have: _____

- 4.) Has your reptile ever been to the vet? If yes, what was he/she being seen for?

- 5.) I acknowledge that my pet is: () NOT AGGRESSIVE to my knowledge

() AGGRESSIVE & WILL BITE

- 6.) What kind of habitat does your reptile live in? (tank,etc) _____
- 7.) What kind of substrate do you have in your reptile's habitat? _____
- 8.) How often do you replace substrate? _____
- 9.) What type of heating element do you have for your reptile? _____
- 10.) What is the temperature set at? _____ What about the humidity? _____
- 11.) What type(s) of food do you feed your reptile? _____

- 12.) How often do you feed your reptile? _____

- 13.) What do you offer your reptile's water in? _____

- 14.) Is it deep enough for your reptile to submerge in? _____

- 14.) How often do you change your reptile's water? _____

- 15.) Any other special care instructions you'd like the doctor to know? _____

