Britannia Kingsland
VETERINARY CLINIC

Reptile Intake Form

Please Print

Owner's Name: _____

Pet's Name: _____ Birthday: _____ Sex: _____
Species: _____ Date Acquired: _____

Source of Pet: ☐ Store ☐ Private Party ☐ Breeder ☐ Other: _____
Other pets? Yes / No If yes... Species? _____
Any recently acquired? _____ Are any housed together? Yes / No
How often are they handled? _____

Type of enclosure: _____ Size: _____
Where is the enclosure located in house? _____
Heat source: _____ Avg. Day temp: _____ Night: _____
Lighting: _____ Cycle: _____
Humidity & source: _____ Substrate: _____
Water Source: _____ Cage Furniture: _____
Enclosure cleaned how often? _____ Disinfectant: _____
Ever have run of the house? _____

Type of food: _____
Frequency: _____ Amount: _____
Prey items: ☐ Live ☐ Frozen/Thawed Insects pre-fed commercial diet: Yes / No
Insects dusted off before offered: Yes / No Substrate ever eaten? Yes / No
Herbivores given supplements? _____

Any current problems: _____
Past medical history: _____
_____
What prompted visit? _____

Have you noticed any of the following?

☐ Diarrhea
☐ Vomiting
☐ Bleeding
☐ Lameness
☐ Blindness
☐ Sneezing
☐ Difficulty Breathing
☐ Constipation
☐ Weight Loss
☐ Change in Appetite
☐ Change in Stool
☐ Excessive Water Intake
☐ Change in Personality

Describe: _____

Has your reptile ever been seen by another veterinarian? Yes / No
If yes... when/why? _____
Has your reptile ever been dewormed? Yes / No
If yes... what treatment was used? _____