Magnolia House Veterinary Clinic

Please return to the form to reception or hand to the vet at the start of your consult.
If completing remotely then please email a copy (ideally in .pdf) to magnoliahousevets@gmail.com

REPTILE HISTORY FORM

Animal name: _____ Surname _____

Address _____

_____ Post Code: _____

Species: _____

Sex: Male Female Unknown

Weight: _____

Age: _____ DoB if known: _____

Additional info: _____

_____

Insured: Yes No Company: _____

Contact number _____ Back up number _____

MAIN ISSUE: _____

_____

_____

How long has issue been there? _____

Has it changed or worsened? _____

Has any treatment been attempted: _____

_____

Any other reptiles owned? _____

_____

How long owned for: _____

Source: Pet Shop Breeder Private Sale

Other: (please specifiy) _____

HOUSING

Size of Vivarium: L: W: H: _____

Heat Source: _____

Thermostat? Yes No

Temperatures: Basking: _____

Hot end: _____

Cold end: _____

Humidity

Methods used to improve humidity _____

Light Source: _____ UV source _____

Age of bulb _____ % UV of bulb _____

Is the light source also the heat source? Yes No

Substrate _____

How frequently is substrate changed: _____

DIET

Diet fed: _____

_____

How frequent are feeds? _____

Vitamin/ mineral supplementation Yes No

How often? _____

Water provision: _____