



Capri Plaza Pet Clinic - Reptile Exam Questions

REASON FOR TODAY'S VISIT

If for illness or injury, please include date first noticed, changes observed during the problem, methods of treatment used (if any), and any other important, pertinent details.

Has your pet been (having):

Polyphagia (Eating more)

Anorexia (Eating less)

Coprophagy (Eating droppings)

Polydipsia (Drinking more)

Drinking less

Increased salivation

Dropping food from mouth

Odor noticed from mouth

Abnormal bowel movements

____ Soft ____ Hard ____ Small ____ Large ____ Liquid ____ None

Change in color or appearance of feces

Change in odor of feces

Weak ^

Polyuria(Having larger urine puddles)

Uncoordinated ^

Change in urine color

Abnormal posture ^

Straining (to urinate or defecate)

Known external wounds, bleeding ^

Sneezing

Active/playing ^

Nasal discharge

Chewing less ^

Wheezing

Chewing more ^

Labored breathing

Aggressive behavior^

Sleepy

Hiding more ^

HISTORY:

Please list briefly any previous health problems, including when they were noticed and when and how they were resolved:

Adverse reactions to medications?

Current ongoing condition(s) and medications (name, dose, frequency)?

When was the last time labwork was done? What kind? Abnormal results?

Gender: Male Female

Neutered or spayed? _____ **If yes, when?** _____ **At what age?** _____

How old is your pet? _____ **Length of time in household** _____

Where did you obtain your pet from?

Pet Store (which one?) Breeder Private party Rescue group Found Gift Other

How many same species reptile are in the household ? _____

How many are in the same enclosure? _____ **Do they get along?** _____

Other pets? _____

Children in the household? _____

Females only:

History of egg laying/birthing? _____ **When was last episode?** _____

HOUSING

Does pet rodent have access to Entire house Yard **Exercise pen** **Indoor cage**

Size: _____ x _____ x _____

Temperature in enclosure: Day? _____ **Night?** _____

Other special quarters? _____

Which kind of substrate are you using? _____

Do you have a:

UV light Heat Lamp Thermostat Thermometer Heat Rock Heat Strip

DIET / FEEDING

Please describe in detail what and how much you are feeding:

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Any medications? What and how often?