**Reptile / Aquatic Information**

Indian Creek Veterinary Hospital

295 Lancaster Ave. Reynoldsburg, OH 43068

 614-861-1700  Fax: 614-861-7460  icvhmain@sbcglobal.net

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **For Reception Use:**

Preferred Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE GIVE ALL PAST MEDICAL RECORDS TO RECEPTIONIST BEFORE FILLING OUT THIS FORM**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthday or Approximate Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Species/Breed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Color/Markings/Morphology: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Circle ONE **Male / Female / Unknown** Circle ONE **Spayed / Neutered / Unaltered**

How was your pet’s sex determined? Circle ONE **DNA / Visually / Other:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How familiar are you with your pet’s species and care needs?  **Unfamiliar / Somewhat familiar / Very Familiar**

 Where did you get your pet? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How long have you owned your pet? \_\_\_\_\_\_\_\_\_\_\_\_\_

 What foods are offered? (Please list ALL) How often? Does your pet eat all foods offered? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What are your cage/tank dimensions? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ What substrate is used? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What furnishings are in the enclosure? (Hiding areas, basking areas, etc) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your pet housed alone? If no, how many and what species are tank mates? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What lighting do you provide your pet? Circle ALL that apply. **UVA / UVB / Red night light / Basking Lamp / LED**

**Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** When is the last time you replaced UV bulbs? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What heating elements do you provide your pet? Circle ALL that apply**. Undertank heater / Submersible heater**

**Basking lamp / Heat rock / Ambient temperature is only heat source / Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

What is the temperature of your enclosure? High: \_\_\_\_\_\_\_\_\_\_ Low: \_\_\_\_\_\_\_\_\_\_\_\_ Humidity? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How often do you provide dechlorinated soaks? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How is water provided? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you test tank water quality? **Y / N** How often do you perform water changes? What percent? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Do you have any medical concerns about your pet? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Do you have any behavioral concerns about your pet? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_ Please initial to give the authorization to release medical records to other veterinary clinics.