




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? _____

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? _____

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? _____

Do you have any behavioral concerns about your pet? _____

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