

Reptile Drop-off/Illness Information

Client Name: _____ Pet's Name: _____

Today's Date: _____

A) Has your reptile had any coughing, wheezing, or sneezing? Y or N If yes, any discharge?
Y or N (Describe) _____ How often? _____

B) Any regurgitation or vomiting? Y or N If yes, how often? _____
(Describe) _____

C) Has your reptile's activity level changed recently? Y or N Increased or decreased?

D) Are there changes in the scales or skin? Y or N What location on body? _____
Has you reptile shed recently? Y or N or N/A When? _____

E) Is your reptile excessively closing its eyes? Y or N

F) Are any other pets sick? Y or N

G) Has your reptile's eating habits changed recently? Y or N Increased or decreased?
Has your reptile's drinking increased or decreased or the same? _____

H) Have your reptile's droppings changed recently? Y or N If yes, describe which part:
(color, frequency, volume):
urates _____ urine _____ feces _____

I) If Female, does she currently lay eggs? Y or N If Yes, how many in a clutch? _____
How often? _____ Last time? _____

J) Have you tried any medications for treating this illness? Y or N or N/A If yes, list names
of treatments and dosages: _____

K) Have there been any changes in temperature, husbandry, or diet recently? Y or N If yes,
describe: _____

If you answered yes to any of the above questions please explain. Also, list any other
peculiar behavior you have noticed. Include when symptoms first appeared.
