



**PET DIET HISTORY FORM: REPTILES and AMPHIBIANS**

**Owner Contact Information**

Date: \_\_\_\_\_ Owner name: \_\_\_\_\_

Address: \_\_\_\_\_

Cell phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Best method of contact:  Phone call  Email  Text message

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**Pet Information**

Pet name: \_\_\_\_\_ Age: \_\_\_\_\_

Species: \_\_\_\_\_ Sex:  Male  Female  Unknown

How long owned? \_\_\_\_\_ Origin:  Wild caught  Captive bred  Unknown

Current weight: \_\_\_\_\_ Body condition:  Ideal  Under  Over

Housed:  Indoor  Outdoor  Both

Enclosure type:  Terrestrial  Arboreal (tall, climbing)  Semi-aquatic  Aquatic

If maintained in an aquatic environment:

Type of water used (e.g. municipal water, private well water, R/O water, etc.): \_\_\_\_\_

Filtration system used, if any: \_\_\_\_\_

Water treatments utilized, if any: \_\_\_\_\_

If not maintained in an aquatic environment, how is water provided? Please describe method (water dish, misting, soaking food items, baths etc.). \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



If water is offered in a dish/bath, how often is water changed?  Daily (1x/day)  2x/day  >2x/day

Access to UVB radiation provided (check if applicable):

- Outside access - describe days/week and amount of time/day: \_\_\_\_\_  
 Lamp – describe brand/type, watts, amount of time/day: \_\_\_\_\_  
 None

Is this animal housed with any other reptiles/amphibians?:  Yes  No

If yes, what species and how many others? \_\_\_\_\_

Have there been any recent introductions (past 30 days)?  Yes  No

How are your group-housed animals fed?:  Fed together at same time, same feeding location

Fed at same time, separate feeding locations

Fed separately, same or different times, separate feeding locations

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### **Relevant Medical History**

Is your pet currently being treated for any medical conditions or diseases?  Yes  No

If yes, please condition/disease, approximate date of diagnosis, and current medications (type, dose, frequency).

<u>Condition/Disease</u>	<u>Date Diagnosed</u>	<u>Medication Name, Dose, Frequency</u>	<u>Treatment length</u>
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Ex: Upper respiratory tract infection	2/12/18	Baytril liquid, 0.1mL, 1x/day	10 days
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### **Diet Information**

Does your pet have a good appetite?  Yes  No

Have you made any changes to your pet's diet in the last 4 weeks?:  Yes  No

If so, please describe the change made. \_\_\_\_\_



**Instructions for the following questions:** For each diet item, provide measured amount and weight (grams). If an unlabeled cup or scoop is used, please measure the amount held in that cup/scoop. For example, “½ scoop” may actually represent a true 8-oz cup, as measured. Also weigh the measured amount of food provided on a gram scale, remembering to subtract the weight of the holding container.

\* **Note:** If any of the following answers require more space to answer completely, please attach additional pages and just number the answers according to the corresponding question.

- 1) Please describe all brands, product names, amounts and frequency given for ALL commercial foods, hays, treats, and snacks your pet is given.

Brand	Product Name	Form	Amount	Frequency	Days/week
Example: Mazuri	Tortoise Diet #5M21	dry	5 pieces (5g)	1x/day	M, W, F
Example: Oxbow	Timothy Hay	dry	1 handful (20g)	1x/day	Daily
Example: Zoo Med	Can O’ Crickets	semi-moist	2 crickets (2g)	1x/day	Tu, Th, Sat

- 2) List all other food items your pet is offered, including seeds, nuts, cut vegetables, fruit, etc. Please provide information on how the food is prepared (whole vs. chopped, cooked vs. raw, live vs. frozen/thawed, etc.) and gram weights for each food item offered, in addition to a measurable amount (see examples below).

Food item	Preparation	Amount/Weight (grams)	Frequency	Days/week
Example: Pepper	Chopped	8g	1x/day	Tu, Th
Example: Mealworms	Whole, live	1 worm (4g)	3x/day	M, W, F
Example: Hopper mouse	Whole, frozen/thawed	1 hopper (20g)	1x/day	Su, Th



3) What foods does your pet particularly prefer? Please describe. \_\_\_\_\_

\_\_\_\_\_

4) What foods does your pet not like/refuse? Please describe. \_\_\_\_\_

\_\_\_\_\_

5) Do you give your pet any supplements (vitamins, cod liver oil, etc.), directly or through the diet?  Yes  No

If yes, please describe brand/type, quantity, frequency (\*include supplements applied to food items, e.g. gut-loaded crickets, calcium dusted pinkies, etc.).

Brand	Type	Dose	Frequency
Example: Living World	Small Cuttlebone	1 cuttlebone	Monthly
Example: Mazuri	Better Bug Gut Loading Diet	N/A	Daily

**Veterinarian Contact Information**

Veterinarian name: \_\_\_\_\_

Practice name: \_\_\_\_\_

Practice address: \_\_\_\_\_

Practice phone number and/or email address: \_\_\_\_\_