



Mariposa Veterinary Wellness Center

13900 Santa Fe Trail Dr., Lenexa, KS 66215

(913) 825-3330

www.MariposaVet.com

Reptile History Form

Name: _____ Spouse: _____

Address: _____

City, State, Zip: _____

Email: _____

Driver's License Number: _____

Place of Employment: _____

Home phone: (____) _____ Work phone: (____) _____

Cell: (____) _____ Spouse: (____) _____

YOUR REPTILE

Reptile's Name: _____ Species: _____ Sex: M / F / Unknown

Source: Store / Private Breeder / Other _____

Age: _____ Date Acquired: _____ Wild Caught _____ Domestic Bred _____

Describe cage/enclosure (dimensions, type of substrate, type of lighting, accessories):

Is the animal allowed to roam free in the house? Yes / No

Do you have a thermometer in cage? Yes / No Temperature: _____

Do you have a UV-B light? Yes / No How often is it replaced? _____

How often does the cage get cleaned? _____

Food	Describe	Amount each
Commercial/pelleted food		
Insects		
Live or frozen prey		
Table foods		

Type of cleaning method used? _____

CONTINUED ON NEXT PAGE...

DIET

How is water offered? _____

Recent changes in the diet? _____

OTHER PETS

Other reptiles at home Y/N If yes, where? _____

List types of other reptiles on the same premises _____

Are any other reptiles sick? _____ Have any died? _____

If yes, give details: _____

List other pets on the premises: _____

HEALTH HISTORY

What signs have you noticed regarding this reptile?

What previous tests have been performed? (circle all that apply): Blood work, fecal (check for parasites), other: _____

Has this reptile seen any other veterinarian? _____ When and why? _____

Comments: _____

In case of an emergency, and you could not be reached, who should we contact?

Name: _____ Phone: _____

I was referred to your hospital by: _____

Thank you for taking the time to fill out this information!

ALL FEES ARE DUE WHEN SERVICES ARE RENDERED. Thank you for your cooperation in this matter.

MAJOR CREDIT CARDS ARE ACCEPTED FOR THOSE INTERESTED IN DELAYING PAYMENT.