



Mariposa Veterinary Wellness Center

13900 Santa Fe Trail Dr., Lenexa, Kansas 66215

(913) 825-3330

www.MariposaVet.com

Info@MariposaVet.com

Reptile History Form

Primary Owner: _____ Co-Owner: _____

Email: _____ Relationship to Primary Owner : _____

Address: _____ City, State, Zip: _____

Home phone: _____ Co-Owner Phone: _____

check if this is a cell phone

cell home work

Cell phone: _____ Preferred Contact Method: Email Phone Call Text

Emergency contact if you cannot be reached (name & number): _____

(initial) I understand payment is expected at the time services are rendered. I acknowledge I am over 18 years of age. I assume full responsibility for all charges incurred in the care of this animal and I agree to pay charges at the time of release/discharge.

How Did you Hear About us?

Location/drive-by Internet/social Media Doctor/hospital Shelter/rescue Group

If recommended, by whom: _____

YOUR REPTILE

Name: _____ Species: _____ Sex: M / F / Unknown

Identification (provide number): Tattoo _____ Microchip _____ Band _____

Source: Store Private breeder Other: _____

Age: _____ Date acquired: _____ Wild caught: _____ Domestic bred: _____

Does the animal roam freely? Yes No Do you have a thermometer in cage? Yes No Temp: _____

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

UV-B Light? Yes No How often replaced? _____ How often is the cage cleaned: _____

Type of cleaning method/solution used: _____

DIET

Commercial/Pelleted food (brand): _____ Insects: _____

Live or frozen prey: _____ Table foods: _____

How is water offered? Cup, bowl, tube?: _____

Recent changes in diet?: _____

Hours of darkness the reptile has each day: _____

CONTINUED ON NEXT PAGE...

OTHER PETS

Other reptiles at home: Yes No

If yes, where do they reside?: _____

List types of other reptiles on the same premises: _____

Are any other reptiles sick? Yes No Have any died? Yes No

If yes, please provide details: _____

List other pets on the premises: _____

HEALTH HISTORY

What signs have you noticed regarding this reptile? _____

What tests have been performed?: Blood work Fecal Parasite check

Other: _____

List vaccines and dates given: _____

Has this reptile seen another veterinarian? _____ When and why? _____

Comments: _____

_____ (initial) Many drugs that have been approved for use in humans and/or animals have also been proven to be safe and effective in species for which the drugs are not labeled. Our veterinarians, often by necessity, must recommend, administer and prescribe drugs that are considered extra-label. I authorize my pet's veterinarian to use extra-label drugs.

_____ (initial) I understand Mariposa Veterinary Wellness Center is not a 24 hour facility, and on occasion there may be pets in the facility in the absence of personnel. The clinic is equipped with smoke detectors and an alarm system capable of dispatching emergency responders immediately. Veterinarians will discuss options for overnight care and monitoring when appropriate.

_____ (initial) **PHOTO RELEASE:** I grant to Mariposa Veterinary Wellness Center, its representatives and employees the right to take photographs of me & my property in connection with my visit. I authorize Mariposa Veterinary Wellness Center, its assigns & transferees to copyright, use & publish the same in print and/or electronically. I agree Mariposa Veterinary Wellness Center may use such photographs of me with or without my name & for any lawful purpose, including for example such purposes as publicity, illustration, advertising & web content.

I have read and understand the above.

Signature: _____ Date: _____

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