



Reptile and Amphibian History Form

Karingal Veterinary Hospital

328 Cranbourne Road, Frankston, VIC, 3199

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Many of the problems seen in reptiles and amphibians kept in captivity are due to husbandry-related issues. In order to ensure all facets of your pet’s health are checked it is very important we have as much detailed information as possible about how your pet is kept. Please complete this form as thoroughly and accurately as possible. If you are unsure about any questions please answer them to the best of your ability and/or bring them to the attention of your veterinarian at the time of the consultation.

If you not already done so please contact Karingal Veterinary Hospital on 9789 3444 to make an appointment time.

If possible please bring photos of your pet’s enclosure with you

Date:

Client Information

Have you been to Karingal Veterinary Hospital with any pets before? Yes No

First Name:

Surname:

Address:

Suburb:

Post Code:

Home Phone: (.....).....

Work Phone: (.....).....

Mobile:

Email Address:

I would like to receive Karingal Veterinary Hospital’s Reptile and Amphibian email newsletter? Yes No

Experience Level:

- Complete novice and I have no idea what I am doing
- Have some knowledge but need more
- Have a pretty good idea of what I am doing
- Experienced keeper with good knowledge base

Wildlife Licence No. (if applicable):

Patient Information

Patient Name:

Species (please select from the list below):

Snakes

- | | |
|---|---|
| <input type="checkbox"/> Black Headed Python | <input type="checkbox"/> Inland Taipan/Fierce Snake |
| <input type="checkbox"/> Brown Tree Snake | <input type="checkbox"/> Olive Python |
| <input type="checkbox"/> Carpet Python – Central/Bredlii | <input type="checkbox"/> Pygmy Python |
| <input type="checkbox"/> Carpet Python – Coastal/Eastern | <input type="checkbox"/> Scrub Python |
| <input type="checkbox"/> Carpet Python – Jungle | <input type="checkbox"/> Spotted Python |
| <input type="checkbox"/> Carpet Python – Murray-Darling/Victorian | <input type="checkbox"/> Stimson’s Python |
| <input type="checkbox"/> Carpet Python – Top End/Darwin | <input type="checkbox"/> Tiger Snake |
| <input type="checkbox"/> Children’s Python | <input type="checkbox"/> Water Python |
| <input type="checkbox"/> Coastal Taipan | <input type="checkbox"/> Woma |
| <input type="checkbox"/> Common/Green Tree Snake | <input type="checkbox"/> Other |
| <input type="checkbox"/> Diamond Python | |
| <input type="checkbox"/> Green Tree Python | |

Lizards

- | | |
|---|--|
| <input type="checkbox"/> Angle Headed Dragon | <input type="checkbox"/> Gippsland Water Dragon |
| <input type="checkbox"/> Boyd’s Forest Dragon | <input type="checkbox"/> Jacky Lizard |
| <input type="checkbox"/> Black Headed Monitor | <input type="checkbox"/> Lace Monitor |
| <input type="checkbox"/> Blue Tongue – Blotched (Lowland) | <input type="checkbox"/> Mangrove Monitor |
| <input type="checkbox"/> Blue Tongue – Blotched (Lowland) | <input type="checkbox"/> Mertens’ Water Monitor |
| <input type="checkbox"/> Blue Tongue – Central | <input type="checkbox"/> Northern Ridge-tailed Monitor |
| <input type="checkbox"/> Blue Tongue – Eastern | <input type="checkbox"/> Pink Tongue Lizard |
| <input type="checkbox"/> Blue Tongue – Northern | <input type="checkbox"/> Pygmy Desert Monitor |
| <input type="checkbox"/> Blue Tongue – Western | <input type="checkbox"/> Red Bar Dragon |
| <input type="checkbox"/> Central Bearded Dragon | <input type="checkbox"/> Shingleback Lizard/Stumpy-tailed Lizard |
| <input type="checkbox"/> Central Netted Dragon | <input type="checkbox"/> Southern Spotted Velvet Gecko |
| <input type="checkbox"/> Cunningham’s Skink | <input type="checkbox"/> Spiny-tailed Monitor |
| <input type="checkbox"/> Eastern Bearded Dragon | <input type="checkbox"/> Tawny Dragon |
| <input type="checkbox"/> Eastern Water Dragon | <input type="checkbox"/> Other |
| <input type="checkbox"/> Frill Neck Lizard | |

Turtles

- | | |
|---|---|
| <input type="checkbox"/> Eastern Long-Neck Turtle | <input type="checkbox"/> Broad Shell Turtle |
| <input type="checkbox"/> Macleay River Turtle | <input type="checkbox"/> Other |
| <input type="checkbox"/> Macquarie Turtle | |

Crocodiles

- | | |
|---|--|
| <input type="checkbox"/> Freshwater Crocodile | <input type="checkbox"/> Saltwater Crocodile |
|---|--|

Amphibians

- | | |
|---|---|
| <input type="checkbox"/> Axolotl/Mexican Walking Fish | <input type="checkbox"/> Southern Brown Tree Frog |
| <input type="checkbox"/> Dainty Tree Frog | <input type="checkbox"/> White-lipped Tree Frog |
| <input type="checkbox"/> Green Tree Frog | <input type="checkbox"/> Other |

Age Now: (N.B. If you are not sure please estimate age.)

Sex:

- Unknown
- Male
- Desexed Male

- Female
- Spayed Female

If you know the sex of your pet, how was it sexed?

- I do not know
- Visually
- Cloacal probing
- XRays
- Ultrasound
- Has laid eggs

- Has given birth
- Surgically (Endoscope)
- I was just told the sex
- I guessed
- Other

If "Other" then how?

Is your pet microchipped? Yes No

Are you bringing more than one animal to the consultation? Yes No

If "Yes", How many?

Please Note: If you are bringing a venomous reptile please contact Karingal Veterinary Hospital PRIOR to your consultation to discuss transport and handling.

Referral Information

How did you find out about the services provided at the Hospital?

If "Other" then how?

If you were referred by another veterinary clinic or pet shop please provide their name below.

Name:

General History

How did you acquire your pet?

- Pet Shop/Aquarium
- Wild caught
- Unknown

- Private Breeder
- Bred myself

If "Pet Shop/Aquarium" which one?

How long have you owned your pet?

If your pet is female has she produced eggs or given birth in the past? Yes No

If "Yes" how long ago?

Do you have any other reptiles or amphibians? Yes No

If "Yes" what type and how many?

.....
.....

Do you keep written health records for your pet (e.g. feeding dates, weights etc)? Yes No

If "Yes" please bring these records with you to your consultation.

When did your pet last shed its skin?

Did the last skin shed appear normal? Yes No

If "No" please describe what was abnormal

.....
.....

Has your pet's environment changed recently? Yes No

If "Yes" please describe the changes

.....
.....

Does your pet hibernate/brumate each year? Yes No Not Applicable

Enclosure

Type of enclosure?

Terrestrial (ground dwelling) Aquatic Aboreal (tree dwelling)

Environment?

Desert Tropical Temperate Aquatic

Where is your pet kept (specify % of time in each location)?

Indoors% Outdoors% Roaming Free In House%

What is the enclosure made from?

Glass fronted timber enclosure Wire Cage
 Plastic Cage Pond
 Outdoor enclosure Other

Other comments about the enclosure

.....
.....

What is the size of the enclosure? cms wide x cms high x cm deep

Is your pet housed alone? Yes No

If "No" what other animals are in the enclosure?

.....
.....
Cage Furnishings

Does the enclosure contain any of the following?

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Fogger | <input type="checkbox"/> Driftwood/Timber branches | <input type="checkbox"/> Feeding Rock |
| <input type="checkbox"/> Fountain | <input type="checkbox"/> Rocks | <input type="checkbox"/> Feeding Dish |
| <input type="checkbox"/> Floating turtle dock | <input type="checkbox"/> Artificial plants | <input type="checkbox"/> Water Bowl |
| <input type="checkbox"/> Timber log(s) | <input type="checkbox"/> Real plants | <input type="checkbox"/> Water Well |
| <input type="checkbox"/> Artificial log(s) | <input type="checkbox"/> Vivicator | <input type="checkbox"/> Other |
| <input type="checkbox"/> Rock cave | <input type="checkbox"/> Termite Hill | |
| <input type="checkbox"/> Artificial rock cave | | |

Ventilation

What ventilation is present in the enclosure?

.....
.....

Substrate

What substrate is on the bottom of the enclosure?

- | | |
|--|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Compressed Timber Pellets |
| <input type="checkbox"/> Newspaper/Butcher's Paper | <input type="checkbox"/> Artificial Grass |
| <input type="checkbox"/> Sand | <input type="checkbox"/> Earth/Dirt |
| <input type="checkbox"/> Gravel | <input type="checkbox"/> Walnut Grounds |
| <input type="checkbox"/> Pebbles | <input type="checkbox"/> Synthetic Carpet |
| <input type="checkbox"/> Bark | <input type="checkbox"/> Other |
| <input type="checkbox"/> Earth/Dirt | |
| <input type="checkbox"/> Cat Litter - Clay | |
| <input type="checkbox"/> Cat Litter – Recycled Paper | |

When was this substrate last changed or cleaned?

Heating

What heat source(s) are used ?

- | | |
|---|--|
| <input type="checkbox"/> Overhead infrared heat lamp | <input type="checkbox"/> Heat cord |
| <input type="checkbox"/> Overhead basking lamp | <input type="checkbox"/> Heat mat |
| <input type="checkbox"/> Ceramic Heat Emitter | <input type="checkbox"/> Aquarium water heater |
| <input type="checkbox"/> Overhead mercury vapour lamp | <input type="checkbox"/> Heat cave |
| <input type="checkbox"/> Heat rock | <input type="checkbox"/> No heat provided |
| <input type="checkbox"/> Fan heater | <input type="checkbox"/> Other |
| <input type="checkbox"/> Radiator panel | |

What wattage lamps, heaters etc. are used?

Are the heat source(s) controlled by a thermostat? Yes No

If "Yes" where in the tank is the thermostat?

- At the other end of the heat source
- In the middle of the enclosure
- Right near the heat source

Do you use a thermometer to measure the temperatures in the enclosure? Yes No

Please list enclosure temperatures if known?

High End:°C Low End:°C

Night:°C Basking Site:°C

Do you provide heating overnight? Yes No

Do you have guards over any heat lamps, emitters etc.? Yes No

What is the approximate distance from the heat source to your pet?

Humidity

Do you measure the humidity in the enclosure? Yes No

If "Yes" what is the humidity in the enclosure? %

Do you soak your pet? Yes No

If "Yes" how often?

Do you mist your pet? Yes No

If "Yes" how often?

Lighting

Do you provide a UV light source in the enclosure? Yes No

If "Yes" what type?

- | | |
|--|---|
| <input type="checkbox"/> Not sure | <input type="checkbox"/> Compact Fluorescent 5.0 |
| <input type="checkbox"/> Fluorescent Tube 2.0 | <input type="checkbox"/> Compact Fluorescent 10.0 |
| <input type="checkbox"/> Fluorescent Tube 5.0 | <input type="checkbox"/> Mercury vapour lamp |
| <input type="checkbox"/> Fluorescent Tube 10.0 | <input type="checkbox"/> 12V Downlights |
| <input type="checkbox"/> Compact Fluorescent 2.0 | <input type="checkbox"/> Other |

What brand is the UV light source?

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Do not know | <input type="checkbox"/> NEC blacklight |
| <input type="checkbox"/> Exo-Terra | <input type="checkbox"/> Megaray |
| <input type="checkbox"/> Zoomed | <input type="checkbox"/> URS Outback Max |
| <input type="checkbox"/> Reptapets | <input type="checkbox"/> URS Compact Max |
| <input type="checkbox"/> Reptile One | <input type="checkbox"/> Reptistar |
| <input type="checkbox"/> Aussie Sun | <input type="checkbox"/> Other |

How old is the UV light source?

How many hours a day is the UV light on for?

How is this controlled?

- The light is on a timer I turn it on and off each day

How far away from the UV light source is your pet?

Is there any material between the UV light source and your pet? Yes No

If "Yes", what?

- Glass Flywire
 Perspex Other

Does your pet receive access to direct sunlight (i.e. not through glass etc.) Yes No

If "Yes", what length of time?

Are there any other light sources in the enclosure? Yes No

If "Yes" please describe them

.....
.....

How many hours a day are these lights on for?

Filtration and Water Quality

Complete this section if you are bringing in a turtle, crocodile, other aquatic reptile or amphibian.

Please bring a water sample (at least 100mls) with you in a clean, sealed jar that is filled to the top

What sort of filtration is used?

- I am not sure Undergravel filter
 Internal filter with sponge No filtration
 Internal sponge with sponge and carbon
 External canister filter

How often do you clean the filter?

Do you do water changes? Yes No

If "Yes", how often?

If "Yes", approximately how much water is changed? %

How deep is the water in the tank?

Approximately how many litres of water are in the tank? Litres

(NB. To calculate volume of water multiply length of tank x width of tank x height of water in cms and divide the answer by 1000 to give litres of water)

What temperature is the water? °C

Do you use water conditioners or other products? Yes No

Do you test your water quality? Yes No

If "Yes", how often?

If "Yes", what do you test?

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> pH | <input type="checkbox"/> Iron |
| <input type="checkbox"/> Nitrate | <input type="checkbox"/> Calcium |
| <input type="checkbox"/> Nitrite | <input type="checkbox"/> Phosphorus |
| <input type="checkbox"/> Ammonia | <input type="checkbox"/> Other |
| <input type="checkbox"/> General Hardness | |

Diet

What foods are offered to your pet?

- | | | |
|---|--|---|
| <input type="checkbox"/> Pinky mice | <input type="checkbox"/> Mini mealworms | <input type="checkbox"/> Carrot |
| <input type="checkbox"/> Fuzzy mice | <input type="checkbox"/> Superworms | <input type="checkbox"/> Cucumber |
| <input type="checkbox"/> Weaner mice | <input type="checkbox"/> Silkworms | <input type="checkbox"/> Zucchini |
| <input type="checkbox"/> Adult mice | <input type="checkbox"/> Fly pupae | <input type="checkbox"/> Mushroom |
| <input type="checkbox"/> Pinky rat | <input type="checkbox"/> Snails | <input type="checkbox"/> Yellow Squash |
| <input type="checkbox"/> Fuzzie rat | <input type="checkbox"/> Frozen "turtle" blocks | <input type="checkbox"/> Peas |
| <input type="checkbox"/> Weaner rat | <input type="checkbox"/> Live feeder fish | <input type="checkbox"/> Beans |
| <input type="checkbox"/> Sub-adult rat | <input type="checkbox"/> Turtle pellets | <input type="checkbox"/> Corn |
| <input type="checkbox"/> Adult rat | <input type="checkbox"/> Mussels | <input type="checkbox"/> Capsicum |
| <input type="checkbox"/> Day old chickens | <input type="checkbox"/> Shrimp/Prawns | <input type="checkbox"/> Berries |
| <input type="checkbox"/> Rabbit | <input type="checkbox"/> Fresh fish pieces | <input type="checkbox"/> Apple |
| <input type="checkbox"/> Baby crickets | <input type="checkbox"/> Live blood/black worm | <input type="checkbox"/> Orange |
| <input type="checkbox"/> Small crickets | <input type="checkbox"/> Frozen fish | <input type="checkbox"/> Watermelon |
| <input type="checkbox"/> Medium crickets | <input type="checkbox"/> Frozen blood/black worm | <input type="checkbox"/> Bearded dragon pellets |
| <input type="checkbox"/> Large crickets | <input type="checkbox"/> Brine shrimp | <input type="checkbox"/> Canned reptile food |
| <input type="checkbox"/> Cockroaches | <input type="checkbox"/> Dog/Cat food | <input type="checkbox"/> Earthworms |
| <input type="checkbox"/> Mealworms | <input type="checkbox"/> Lettuce/Endive | <input type="checkbox"/> Other |

How often do you feed your pet?

Describe how much you feed your pet each time it is fed.

.....
.....

When did your pet last eat?

If live insects are offered are they "gut loaded" before being offered? Yes No

Do you use calcium/vitamin supplements on the food? Yes No

If "Yes", how often?

What supplements do you use?

- | | |
|--|---|
| <input type="checkbox"/> Reptivite | <input type="checkbox"/> Exo-Terra Calcium + D3 |
| <input type="checkbox"/> Rep-cal Calcium with Vitamin D3 | <input type="checkbox"/> Exo-Terra Electrolytes |
| <input type="checkbox"/> Herptivite | <input type="checkbox"/> Exo-Terra Multivitamin |
| <input type="checkbox"/> Repti-Vite | <input type="checkbox"/> Other |
| <input type="checkbox"/> Repti-Cal | |

Exo-Terra Calcium

Any recent diet change or new foods? Yes No

If "Yes", describe

How is water offered?

Water Bowl

Spray/Mist

Sipper bottle

Other

Do you feed your pet in a separate enclosure to the one it is kept in? Yes No

Hygiene

When was the enclosure last cleaned out?

How often do you normally clean the enclosure?

What product(s) were used to clean the enclosure?

Hot water

Wipeout (Zoomed)

Bleach

Reptisafe (Zoomed)

F10

Other

Repti-Klean (Aristoipet)

Health History

Has your pet been sick previously? Yes No

If "Yes" describe the problem

.....
.....

Has another veterinarian treated your pet previously Yes No

If "Yes" when?

If "Yes" who?

If "Yes" when?

Describe the reason for the treatment and what was done

.....
.....

Has your pet recently received any medications? Yes No

If "Yes", what?

.....
.....

To your knowledge have any test be performed on your pet? Yes No

If "Yes", please indicate below what tests?

- Blood tests
- X-Rays
- Ultrasound

- Faecal Examination
- Other

Reason For This Consultation

What signs have you noticed that has prompted this consultation?

.....

.....

Have you noticed any of the following signs?

- | | |
|---|---|
| <input type="checkbox"/> Behaviour change | <input type="checkbox"/> Increased breathing rate |
| <input type="checkbox"/> Change in exercise ability | <input type="checkbox"/> Increased breathing effort |
| <input type="checkbox"/> Discharge from eye(s) | <input type="checkbox"/> Open mouth breathing |
| <input type="checkbox"/> Discharge from nose | <input type="checkbox"/> Shedding problems |
| <input type="checkbox"/> Abnormal resting position | <input type="checkbox"/> Lumps or swellings |
| <input type="checkbox"/> Regurgitation/vomiting | <input type="checkbox"/> Anorexia |
| <input type="checkbox"/> Diarrhoea | <input type="checkbox"/> Increased appetite |
| <input type="checkbox"/> Change in urate colour | <input type="checkbox"/> Weight loss |
| <input type="checkbox"/> Change in urate volume | <input type="checkbox"/> Weight gain |
| <input type="checkbox"/> Lameness | <input type="checkbox"/> Injury |
| <input type="checkbox"/> Weakness | <input type="checkbox"/> Abnormal floating |
| <input type="checkbox"/> Lethargy | <input type="checkbox"/> Other |

How long have you noticed the problem(s)?

Has the problem

- Gotten worse
- Gotten better
- Stayed the same

Additional Comments

Any additional comments?

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