



*We Welcome you to*  
**LaPorte Animal Clinic**  
*Dr. Andrew Dean & Dr. Marta Dean*



**REPTILE INFORMATION**

Information on Reptile

Type of reptile \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

Sex (if known) \_\_\_\_\_ How long have you owned the reptile? \_\_\_\_\_

From where did you obtain this reptile? \_\_\_\_\_

Description (markings, scars, etc.) \_\_\_\_\_

Diet

- Prey food \_\_\_\_\_
- Vegetables (type & amount) \_\_\_\_\_
- Fruit (type & amount) \_\_\_\_\_
- Vitamins or supplements \_\_\_\_\_
- Formulated Diet \_\_\_\_\_

Habitat

Heat source: Daytime \_\_\_\_\_ Nighttime \_\_\_\_\_  
 Do you have a thermometer \_\_\_\_\_ What temperature is the cage? \_\_\_\_\_  
 Do you have a heat rock? \_\_\_\_\_ Ultraviolet bulb? \_\_\_\_\_  
 Time of day bulb is on \_\_\_\_\_ How old is the bulb \_\_\_\_\_

Date of other examinations or procedures \_\_\_\_\_

Pertinent Medical History \_\_\_\_\_  
 \_\_\_\_\_

Have you recently had any other reptiles come in contact with this one? \_\_\_\_\_  
 If yes, what species, how long ago, and were they ill? \_\_\_\_\_  
 \_\_\_\_\_

Is this reptile housed with any other reptiles? \_\_\_\_\_

Reason for visit today \_\_\_\_\_

To keep medical expenses to a minimum, we are unable to extend credit. How do you wish to pay for you professional services?

Cash \_\_\_\_\_ Check \_\_\_\_\_ Credit Card \_\_\_\_\_