

New Patient Form - Snakes

HISTORY

Name:

Species:

Age:

Sex:

How do you know your pet's gender?

Where did you get your pet?

When?

Has your pet been to a vet before?

Where?

Any prior medical concerns?

Do you have any medical records?

Is your pet on any medications?

HABITAT

What kind of habitat do they live in?

Size?

What is the top covered with?

Substrate?

How often is it cleaned, and with what?

Where in the home is it located?

What is in the enclosure with your pet?

Hides?

Plants (real or artificial)

If real, what kind?

Other "furniture" or decorations?

What type of light source(s) are used?

Do you provide UVA?

Do you provide UVB?

How often is it replaced?

Where is lighting positioned?

What time is it turned on/off?

What type of heat source is used?

Lamp:

Does it also provide light?

How often is it replaced?

Where is it positioned?

Under-tank heater:

What barrier is between the heater and the pet?

Is the heat source ever turned off for any amount of time?

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What is the typical enclosure temperature?

Is there a range (cool zone / hot zone)?

How is the temperature monitored?

What is the typical humidity in the enclosure?

How is it maintained?

How is it monitored?

Is it adjusted when pet is shedding?

Is a water bowl provided?

Size?

How often is it cleaned and with what?

If no water bowl available, what water source is available?

Is your pet regularly soaked?

How often and how long?

Is an area for soaking provided in the enclosure?

DIET

What are your pet's feeding habits?

Live, frozen, or pre-killed?

What size / lifestage?

How often?

Are they fed in the enclosure, or in a separate area?

Any supplements? (Calcium, multivitamin, Vit A)

Type, amount and frequency?

How is it provided?

ENRICHMENT

Does your pet spend time outside of their habitat?

How often and for how long?

Inside or outside?

Are they ever allowed to roam unsupervised?

Does your pet interact with any other animals? What kind?

Is your pet routinely handled and by who?