



Date: ____ / ____ / ____

YOUR DETAILS

Title: _____ Surname: _____ First Name: _____

Personal Pronouns (optional) _____

Address: _____

Suburb: _____ Post Code: _____

Phone: (M) _____ Phone (other): _____

Email: _____

YOUR REPTILE'S DETAILS

Name: _____

Age: _____ Years or Months (circle) Sex : Male or Female (circle)

Breed: _____

Colour: _____

Is your reptile microchipped? YES or NO (circle) MC number: _____

GENERAL QUESTIONS

Has your reptile been on medications over the last 6 weeks? If so, provide details:

Have you had any previous health checks on your reptile? YES or NO (circle) When: _____

To enable us to contact your previous vet for your reptile's history, please provide practice's name:

How did you hear about us (tick):

- Vet (which one) _____ Internet _____
 Pet Shop (which one) _____ Other (e.g. friend) _____
 Passing By

I give permission for a case history to be sent my referring vet? Yes No

I give permission for my animal's photo to be used on Social Media? Yes No



Welcome.

To ensure we take all reptile details correctly, please take a few minutes to fill out this form.

Your name _____

Date _____

ENCLOSURE

Dimensions	
What else is in the enclosure? eg plants, hides	
Type of Heating?	
Temp of enclosure?	

REPTILE

Species	
Number of reptiles	
Quarantine?	
What food is fed? How is it stored?	
Medications used?	
No of reptiles affected?	
Frequency of deaths?	
Signs prior to death?	

If additional space is required please use the other side of this form.

Thank you.

Comments:
