



Des Moines Veterinary Hospital
21935 Pacific Highway S.
Des Moines, WA 98198
206-878-4111

New Reptile Form

Date: _____

Owners Name: _____

Pets Name: _____ Birthday/ Age: _____

Male: ___ Female: ___ Unknown: ___ How was sex determined?: _____

Species: _____ Breed: _____ Color/ Morph: _____

Length of ownership: _____ Cage mates: _____

Lighting type: _____ Temperature: _____ Humidity: _____

Enclosure type: _____

Substrate (*Material at bottom of cage*): _____

Diet and feeding frequency:

Water source: _____ How often changed?: _____

Please list any supplements or vitamins your pet is currently taking:

Please list any medical conditions or major illnesses your pet has had:

Last fecal parasite screen: _____ Results: _____

Last culture and sensitivity: _____ Results: _____

Has this pet been seen at another veterinary clinic or hospital? If yes, where?
