

Glenwood Village Pet Hospital
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Glenwood, Illinois 60425
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REPTILE/AMPHIBIAN FORM



Owner Information

Owner's Name: _____ Date: _____
Owner's Pronouns (He/She/They): _____
Current Address: _____
City: _____ State: _____ Zip: _____
Current Phone Number:
Home: _____ Work: _____ Cell: _____
Email: _____

How did you hear about us?

- Yellow Pages
- Hospital Sign
- Website
- Referral (whom may we thank?) _____

Background Information

Patient's Name: _____ Species: _____ Sex: _____
Description (color, etc.) _____
Age: _____ Date of Birth: _____
Place of patient's origin and how long have you owned him/her? _____

How often is the animal handled? (Daily, Occasionally, Never) _____

Any other pets? If yes, please list: _____

Do other animal(s) live in the same cage? _____

Any new additions? Y/N If yes, where was the new addition acquired? _____

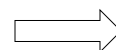
Was the new addition(s) quarantined? Y/N How long? _____

Presenting problem: _____

Duration of problem: _____

Have you treated your pet before coming here? If yes, what did you use and for what duration?

TURN PAGE OVER



Please list any current or ongoing medical problems? _____

Please list any prior medical problems, traumas, surgeries: _____

Please list any current medications _____

Please list any known reactions/allergies to medications, vaccines, anesthesia: _____

Husbandry:

1. Is your pet living in a fish tank, wire/wooden cage, or other? If other, please describe:

2. What bedding does your pet live on? _____

3. What else is in the cage (i.e.: real/fake plants, etc.)? _____

4. How often do you clean the cage? _____ With what do you clean the cage? _____

5. Do you have a thermometer? Y/N If yes, how many thermometers are in the cage? _____. What is the temperature range in the cage? _____.

6. Do you have a hygrometer? Y/N What is the humidity within the cage? _____

7. What heat sources do you provide for your pet? _____

8. What sort of lighting do you provide for your pet? _____

9. If you have fluorescent reptisun bulb, how old is it? _____

10. Do you soak your pet? Y/N If yes, for how long? _____

Nutrition:

1. What do you feed your reptile/amphibian and how often? _____

2. What vitamin supplement(s) do you use? _____

To the best of my knowledge, the above information is correct. If clarification of medical history is needed, I authorize you to contact my referring veterinarian. I understand that payment is due at the time services are rendered. I agree to pay all charges at the time my pet is discharged.

Owner's signature _____ Date: _____