PINE TREE
VETERINARY HOSPITAL

Reptile Information

Owner's Last Name: _____ First:_____
Patient's Name: _____ Age/Birthday: _____ How long have you owned?_____
Species:_____ Color/Morph _____
Sex: Male ❑ Female ❑ Unknown ❑ How was sex determined?_____

Microchipped? Yes ❑ No ❑

Is your pet caged with any other pets (please list)? _____
Type and size of enclosure? _____Temperatures? _____
Basking spot?_____Type of light provided and how many hours a day?_____
Type of substrate?_____Is fresh water available?_____

Has your pet ever had a reaction to medications? Yes ❑ No ❑

List major surgeries or illnesses your pet has had:

_____

List any behavior problems we need to be aware of:

_____

List foods and treats given and approximate percentages as well as frequency:

_____

List all medications or supplements and amounts/frequency

_____

Reason for today's visit? _____
Please circle any of the following medical issues you have concerns with for your pet:

Vomiting/Regurgitation	Increased drinking/urination	Loss of Appetite
Abnormal feces	Constipation	Lethargy
Behavioral issues	Breathing changes	Nasal discharge

Other: _____

Previous Medical Records? Yes ❑ No ❑

If yes, which clinic? _____ May we contact them for records? Yes ❑ No ❑

This form can be faxed to us at (425) 947- 9832
or scanned and emailed to pinetreehospital@gmail.com
or brought in with you for your first appointment

Professional Fees are to be paid at time of services. For your convenience we accept Cash, Check (with a valid driver's license), Visa, Mastercard, Discover, American Express, and care credit . Returned checks are subject to a $35.00 fee.

Signature_____**Date**_____