



**Welcome to ACCESS Specialty Animal Hospital.**

For a faster and easier check-in on your arrival, please download, complete, and bring this form with you for your appointment. Don't worry if you are unsure of any questions or answers as our friendly receptionists are always on stand-by to help when you arrive.

Pet Owner's Name:

Pet's Name:

Tel: (Primary)

Email:

**Reason for your visit?**

Are you here for a wellness visit? YES  NO

If no, what problem(s) are you concerned about? .....  
.....  
.....

How long have you noticed the problem(s)? .....

Has your pet been sick previously? YES  NO

Has your pet ever been seen by any other veterinarians? YES  NO

If yes, name of veterinarian(s) .....

When and why did your pet see a veterinarian? .....

Is your pet currently on any medication(s)? YES  NO

If yes, which medication(s), and what amount? .....

Additional comments you may wish to add? .....  
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*Please complete the questions on page 2*



**General History**

Sex: Male  Female  Unknown  Approx age .....

What species is your pet? (i.e. Bearded dragon, leopard gecko, etc.) .....

How was your reptile sexed? Blood Test  Surgical  Probes (snakes)  Don't know

Does your pet have a microchip? YES  NO  Don't know

Where did you acquire your pet? ..... Date acquired? .....

When did your reptile last shed? ..... Did the shed appear normal? YES  NO

Do you have any other pets? YES  NO  If yes, please specify .....

**How is your pet housed?**

Is your pet kept: Indoors  Outdoors  Both

Please describe (in detail) your reptile's enclosure: .....

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What do you use on the bottom of the cage? .....

What type of heat source (if any) do you use? .....

What is the high-end temperature of the enclosure? ..... Low-end temperature? .....

How is the temperature measured? .....

What is the humidity and how is it measured? .....

What light source(s) are used? (Please include brand name if known) .....

When was the light source last replaced? .....

How often is the cage cleaned, and what products are used? .....

Do you soak your reptile? YES  NO  If yes, with what frequency and where? .....

Has your pet's environment (cage, toys, etc.) changed recently? YES  NO

If yes, please describe: .....

**Diet**

What foods are offered to your reptile and in what overall percentage? (i.e. 50% greens, 50% insects) .....

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If insects are fed to your reptile, what do you feed the insects? .....

Do you give your reptile any supplements? YES  NO  If yes, what type (Please include brand name if known) and how often? .....

.....

Any recent diet changes or new foods? .....

If yes, please describe .....

Thank you for choosing ACCESS Specialty Animal Hospitals

**ACCESS Specialty Animal Hospital – Los Angeles**

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