General Workup (Reptiles) TECH. INITIALS**:_____**

Dr. Iturriaga D.V.M

Pet's Name: Owners' Last Name: Date:

History (Subjective):	
What problem(s) is/are your pet experiencing?	
When did the problem start?	
Is the problem the same, better, worse?	
Has a similar problem happen in the past?	
What medications being administered? If any.	
What is the pet's current diet and feeding schedule?	
Eating Changes? ☐ Increased ☐ Decreased	
What is the current habitat (substrate, lighting, etc)?	
What is the current temperature/humidity?	
Any weight loss?	
Any increase or decrease in water consumption?	
Any change in bowel movements?	
Any exposure to toxins?	
Brought a stool sample? ☐ Yes ☐ No	
Any other medical history?	
Additional Notes:	
Email:	

For Doctor's Use Only Age: Previous Weight: Current Weight:

EXAM (Objective)
Body Condition Score:

Nose and Throat ☐ Normal ☐ Did Not Exam ☐ Abnormal Remarks: __	**Mouth and Membranes** ☐ Normal ☐ Did Not Exam ☐ Abnormal Remarks: __
Eyes and Ears ☐ Normal ☐ Did Not Exam ☐ Abnormal Remarks: __	**Skin and Scales** ☐ Normal ☐ Did Not Exam ☐ Abnormal Remarks: __
Lymph Nodes ☐ Normal ☐ Did Not Examine ☐ Enlarged Remarks: __ ☐ Abnormal Remarks: __	**Legs/Feet/Nails/Back** ☐ Normal ☐ Did Not Exam ☐ Nail Trim ☐ Abnormal Remarks: __
Nervous System ☐ Normal ☐ Did Not Examine ☐ Abnormal Remarks: __	**Heart and Lungs** ☐ Normal ☐ Did Not Examine ☐ Heart Murmur Grade __/VI Murmur Comments: __ ☐ Abnormal Remarks: __
GI Tract/Abdomen ☐ Normal ☐ Did Not Examine ☐ Abnormal Remarks: __	**Urinary and Cloaca** ☐ Normal ☐ Did Not Examine ☐ Abnormal Remarks: __

Assessment:

Plan: