

Snake Case History Sheets

(essential) questions



Age Sex Male/Female

Species Weight Kg

Snout-cloaca length.....cm

Other in-contact snakes Yes/No

If Yes, Species Sex Male/Female

How long owned?..... Captive Bred/Imported/Unknown

Source was? Pet shop/Breeder/Friend

Identification (Microchip).....

Vivarium size & material

Source of heating

Temperature range Day..... Night

Thermostat..... Yes/No Thermometer Yes/No

Diet (Size & Source) Mice/Rats/Gerbils/Chicks/Quail/Lizards

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Last Fed Frequency

Last Shed.....

Droppings (describe and examine, gross & microscopic).....

When last passed

Urine..... Urates

Faeces

Previous history of illness or treatments.....

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Owner's current concern

Nostrils:-

Any discharge?

If yes, Sample (for Culture/Cytology) takenYes/No

Any blockages?

Any difference in size of nares?

Any trauma?

Mouth:-

Any swelling of Jaw?

If yes,

Firm/Hard/Soft?

Needle biopsyYes/No

Radiographs were takenYes/No

Is tongue normal?

Is lingual sheath normal?

Are fangs / 'teeth' normal (if applicable)?

Is glottis normal & clear?

Any discharge from glottis?

If yes,

Sample (for Culture/Cytology) takenYes/No

Any Stomatitis?

If yes,

Sample (for Culture/Cytology) takenYes/No

Eyes (gross and ophthalmoscopic examination required):-

Any swelling (Eye or Spectacle)?

If yes,

Unilateral/Bilateral?

Needle biopsyYes/No

Ultrasound examinationYes/No

Any spectacle damage?

Any opacity of the spectacle?

Any retained spectacle?

Any opacity of sub-spectacular space?

If yes, blood samples were takenYes/No

Any suggestion of a corneal lesion?

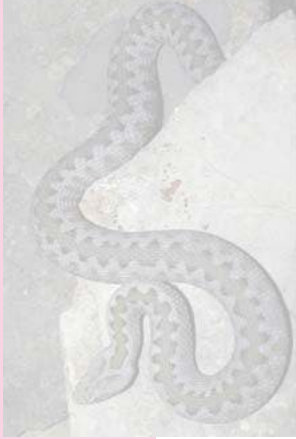
Any hyphaema?

Any opacity of the lens?

Any retinal lesions?

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Body:-

- Body condition is Normal/Obese/Thin
- Any abnormal swellings or masses? **
- Does heart mass appear normal? **
- Any murmurs? **
- Any evidence of eggs? **
- Any suggestion of a blockage? **
- Does body cavity appear empty?
- Is breathing normal?
- Any lung noises (auscultation through wet towel is required)? **

**If abnormalities,

- Radiographs were taken Yes/No
- Ultrasound was performed Yes/No
- Endoscopy was performed Yes/No

Skin:-

- Any trauma?
- Any burns?
- Any abnormal colour changes? **
- Any skin lesions? **
- Any retained skin?
- Any scale loss? **
- Any swelling/thickenings?

If yes,

- Firm/Hard/Soft?
- Needle biopsy Yes/No
- Any evidence of obvious parasitic infestation?

**If any abnormalities of skin,

- Skin scrapes Yes/No
- Skin biopsies Yes/No
- Samples (for Culture) taken Yes/No
- Blood samples were taken Yes/No

Cloacal area:-

- Any swelling?

If yes,

- Firm/Hard/Soft?
- Needle biopsy Yes/No
- Any contamination?
- Any evidence of blood?
- Cloacal examination was Normal/Abnormal/Not performed?

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Neurological:-

- Any movement problems? ***
- Any neurological signs? ***
- Any paralysis? ***
- Any bony deformity?*
- Any swelling of spine/ribs?*

***If abnormalities,*

Radiographs were taken.....Yes/No
Blood samples were taken.....Yes/No