

Tortoise Case History Sheets

(essential) questions



Age Sex Male/Female

Species WeightKg Lengthcm

Jackson's RatioNormal/Underweight/Overweight

Other in-contact tortoisesYes/No If Yes, Male/Female

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

Source was? Pet shop/Breeder/Friend/

CITES paper work Yes/No

Identification (Microchip, left hind leg)

Where keptIndoors/Outdoors

If indoors, Vivarium size & material

Source of heating

Temperature range Day Night

ThermostatYes/No ThermometerYes/No

Make of UV Light..... When last changed?

If Outdoors, is there a shelter for the night? Yes/No

Is the tortoise hibernated?..... Yes/No

If Yes, when last hibernated? When awoke?

Where hibernated?

Check before hibernation Yes/No Weight wasKg

Diet (Full details, inc Source).....

..... Last meal

Supplements (type & frequency)Last given

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How often bathed?

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

When last passed

Urine Urates.....

Faeces Last wormed

Previous history of illness or treatments.....

.....

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:-

Is beak normal?

Any overgrowth?

Any malocclusion?

Any swelling of jaw?

If yes,

Firm/Hard/Soft?

Needle biopsyYes/No

Radiographs were takenYes/No

Blood taken for kidney screen.....Yes/No

Is tongue normal?

Is mucosa normal colour?

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

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Eyes (gross and ophthalmoscopic examination required):-

Any swelling (eye or periorbital)?

If yes,

Unilateral/Bilateral?

Firm/Hard/Soft?

Needle biopsyYes/No

Ultrasound examinationYes/No

Any sign of discomfort or blepharospasm?

If yes,

fluorescein was Positive/Negative

Local anaesthetic used to examineYes/No

Foreign body removed?

Any corneal lesion?

If yes,

Any white plaques on cornea?

Flourescein was Positive/Negative

Any conjunctivitis or scleral congestion?

If yes, Blood sample for HaematologyYes/No

Any purulent (caseous) material in conjunctival fossa?

Any purulent (caseous) material behind nictitating membrane?

Any hyphaema?

Any opacity of the lens?

Any retinal lesions?

Tympanic scale:-

Any swelling?

If yes,

Firm/Hard/Soft?

Shell:-

Any softness? **

If yes,

Is this generalised or localised?

If Localised,

Shell biopsiesYes/No

Samples (for Culture) takenYes/No

Any deformity? **

Any flaking/loose shields?

Any fluid under the shields?

Any haemorrhage/bruising under the shields?

Any shell rubbing against limbs or head/neck?

Is breathing normal? **

Any lung noises (use wet towel)? **

**If abnormalities,

Radiographs were takenYes/No

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Skin:-

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

If yes,

Firm/Hard/Soft?

Needle biopsy Yes/No

**If any abnormalities of skin,

Skin biopsies Yes/No

Samples (for Culture) taken Yes/No

Cloacal area:-

Any swelling?

If yes,

Firm/Hard/Soft?

Needle biopsy Yes/No

Any contamination?

Any prolapse?

Any maggots?

Cloacal examination was Normal/Abnormal/Not performed?

Limbs:-

Any lameness? **

Any bony deformity? **

Any evidence of swelling, especially of long bones?

Any evidence of swelling other than near a long bone?

If yes,

Firm/Hard/Soft?

Needle biopsy Yes/No

**If abnormalities,

Radiographs were taken Yes/No

Blood samples were taken Yes/No