

# Tortoise Case History Sheets

(essential) questions



Age ..... Sex ..... Male/Female

Species ..... Weight .....Kg Length .....cm

Jackson's Ratio .....Normal/Underweight/Overweight

Other in-contact tortoises .....Yes/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 kept .....Indoors/Outdoors

If indoors, Vivarium size & material .....

Source of heating .....

Temperature range Day ..... Night .....

Thermostat .....Yes/No Thermometer .....Yes/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 was .....Kg

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

..... Last meal .....

Supplements (type & frequency) .....Last given .....

# Tortoise Case History Sheets

(essential) questions



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) taken .....Yes/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 biopsy .....Yes/No

Radiographs were taken .....Yes/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) taken .....Yes/No

Any stomatitis?

If yes,

Sample (for Culture/Cytology) taken .....Yes/No

# Tortoise Case History Sheets

## (essential) questions



### **Eyes** (gross and ophthalmoscopic examination required):-

Any swelling (eye or periorbital)?

If yes,

Unilateral/Bilateral?

Firm/Hard/Soft?

Needle biopsy .....Yes/No

Ultrasound examination .....Yes/No

Any sign of discomfort or blepharospasm?

If yes,

fluorescein was Positive/Negative

Local anaesthetic used to examine .....Yes/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 Haematology .....Yes/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 biopsies .....Yes/No

Samples (for Culture) taken .....Yes/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 taken .....Yes/No

# Tortoise Case History Sheets

(essential) questions



**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