

Reptile Questionnaire

Patients Name _____

Date _____

- How long have you owned your pet? _____
Origin of pet (wild caught, captive bred?) _____
- Knowledge of previous owners. _____
- Purpose of ownership (Pet, breeder, display, education other _____
- Previous experience with reptiles? _____
- Other pets (species / #) _____
 - Any recent acquisitions? _____
 - Do you quarantine new pets? Yes / No How long? _____

Describe your pet's housing / environment in detail:

Dimensions of enclosure _____

Construction material _____

Flooring material _____

Heat sources _____

Temperature w/in enclosure _____

Lighting & photoperiod _____

Type of water container _____

Hiding areas provided _____

Objects for climbing _____

Other objects _____

Where is the cage located in the home? _____

- How often is the cage cleaned & with what products? _____
- Describe Diet (Detailed):
 - Supplements _____
 - How often do you feed? _____ Date & time of last feeding _____
 - Your pets appetite? Poor / fair / excellent How often do you change the water? _____
- Any recent vomiting &/or regurgitation? Yes / No When _____
- When was the last defecation? _____
- When was the last shed? _____ Complete or in pieces? _____
- How often do you handle your pet? _____
- Unusual activity (breeding, egg laying etc.) _____