

Reptile/Amphibian Care Questionnaire

Please answer the following questions with as much detail as possible to help your doctor provide the best care for your pet.

Owner's name: _____

Pet's name: _____ Species: _____

Pet's age: _____

Sex: Male____, Female____, Unknown____

-How was sex determined

How long have you owned your pet? : _____

Housing (Check all that apply):

-Solid sides ___ vs Mesh sides ___, Solid top ___ vs Mesh top ___

-Approximate cage dimensions: Length _____, width _____ height _____

What bedding is used in the cage? _____

How is water provided? _____

-What source is the water from(City water, well, distilled)?

-How often is the water changed?

Lighting (Check all that apply):

-Fluorescent UVB tube ___, Compact UV coil ___, Mercury vapor bulb ___,

Incandescent bulb ___, Room lighting only____, Other____

-How far is the light from your pet? _____

-Is there glass or plastic between the light and your pet? _____

-How many hours per day is the light on? _____

Heat sources (Check all that apply):

-Heating pad ___, Hot rock ___, Bright heat lamp ___, Dark heat lamp(red, purple or ceramic) _____

-What is the temperature in your pet's habitat? Day _____, Night _____

-What kind of thermometer are you using? _____

What does your pet eat? Please list all food items, including treats: _____

-If insects are used as food, are they fed any supplements first? ___,

If so, what is fed? _____

-Does your pet get any vitamin or mineral supplements? ___,

If so, what type and how much is used? _____

Please list any animals your pet has had contact with: _____

Is your pet on any medications? : _____

Has your pet ever had a major illness? : _____

Reason for today's visit? : _____

Does your pet have any previous medical records at another clinic? : Yes____ No____

-If yes, which clinic _____

-May we contact them for records? : Yes____ No____