



Reptile Questionnaire

Owner's Name _____ Date _____

Address _____ Postal Code _____

Phone numbers (home) _____ (cell) _____ (work) _____

Emerg. Contact(other than immediate family): _____ ph: _____

E-mail _____

Pet's Name _____ Breed _____ Colour _____

Sex _____ Age or Birthday _____

1. Where did you get your pet and how long have you had him/her? _____
2. Have other reptiles lived in your new pet's enclosure? No Yes
If yes, what species? _____
3. Do you have other pets? No Yes If yes, what species and do they have contact with this reptile? _____
4. Where do you buy your pet's food? _____ How often is he/she fed? _____
 Insects _____ % Worms _____ % Fruit _____ % Vegetables _____ % Other _____
5. Does your pet get fed in their normal tank/aquarium or elsewhere? _____
6. Do you leave uneaten/live crickets in the cage? No Yes
7. How do you give vitamins/calcium supplement and what brand of supplement do you use? _____
8. How often do you give vitamin/calcium supplement? _____
9. Is your reptile in a cage/terrarium? If yes, how large is it? No Yes _____
10. What substrate (bedding) do you use? _____
11. How often do you change/clean the cage and what do you use to clean the cage? _____
12. Is there a water source? If yes, how often is it cleaned? No Yes _____
13. Is there a filtration system? No Yes
14. Is a water treatment used? No Yes
15. Are there any hiding places or plants provided? No Yes
16. Do you provide a basking source? No Yes
17. What is the temperature & humidity in the terrarium? Day (temp/humidity) _____ Night (temp/humidity) _____
18. Is there a temperature gradient in the terrarium? No Yes _____
19. What heat source do you use? If yes, where is it located? No Yes _____
20. Do you have a full spectrum/UV light? If yes, where is it located? No Yes _____
21. Is time spent outside of the enclosure? If yes, is he/she supervised? No Yes _____
22. Does your reptile hibernate/bruminate? If yes, please describe the duration and change in the environment?
 No Yes _____
23. When did your reptile shed last? _____
24. Has your reptile laid eggs? If yes, when was the last clutch? No Yes _____
25. Is your reptile sick? If yes, how long has he/she been sick? No Yes _____
26. Is your reptile showing any of these signs of illness?
 change in appetite change in stools weakness breathing difficulty swelling
 discharge from eyes/nose constipation abnormal behaviour other _____

Do you have any other health issues or concerns you would like to discuss with the veterinarian?
