



**Lynwood**  
ANIMAL HOSPITAL

## Reptile Health Questionnaire: Aquatic Turtle

Date \_\_\_\_\_

Owner's Name \_\_\_\_\_ Pronouns (optional) \_\_\_\_\_

Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (work) \_\_\_\_\_

E-mail \_\_\_\_\_

Emergency Contact (other than immediate family) \_\_\_\_\_ Phone \_\_\_\_\_

Pet's Name \_\_\_\_\_ Species \_\_\_\_\_

Morph (if applicable) \_\_\_\_\_ Age or Hatch Date \_\_\_\_\_

Gender: ☐ Male ☐ Female ☐ Unknown

Date Acquired: \_\_\_\_\_

Source: ☐ Pet Store ☐ Breeder ☐ Private ☐ Rescue ☐ Wild-caught ☐ Other: \_\_\_\_\_

Do you have other pets? ☐ Yes ☐ No

If yes, give details: \_\_\_\_\_

When was the last reptile added to your collection? \_\_\_\_\_

### **Housing & Environment:**

Where does your turtle live? \_\_\_\_\_

Describe their enclosure (dimensions, type):

\_\_\_\_\_  
\_\_\_\_\_

What is the water depth and volume? \_\_\_\_\_

Is a basking platform provided? ☐ Yes ☐ No

If yes, describe: \_\_\_\_\_

What types of plants, hides or furniture are provided?

\_\_\_\_\_  
\_\_\_\_\_

What type of substrate is used, if any? \_\_\_\_\_

What is the temperature range?

Basking site: \_\_\_\_\_ Water temperature: \_\_\_\_\_

What type of heat source is used? \_\_\_\_\_

How do you monitor temperatures? \_\_\_\_\_

Is full spectrum UV light provided? ☐ Yes ☐ No

If yes, describe equipment used: \_\_\_\_\_

What is your turtles light/dark cycle? \_\_\_\_\_

Describe your filtration system:

\_\_\_\_\_  
\_\_\_\_\_

How often are water changes performed? \_\_\_\_\_

How often is their enclosure cleaned? \_\_\_\_\_

What cleaning/disinfectant agents are used? \_\_\_\_\_

How much time does your reptile spend out of their enclosure? \_\_\_\_\_

Are they supervised when out of their enclosure? ☐ Yes ☐ No

### Diet:

How often do you feed your turtle? \_\_\_\_\_

Where do you feed your turtle? ☐ In their enclosure ☐ Separate feeding tank ☐ Other \_\_\_\_\_

Indicate which foods are eaten and in what amounts:

☐ Protein (fish/insects): \_\_\_\_\_

☐ Vegetables: \_\_\_\_\_

☐ Pellets: \_\_\_\_\_

☐ Other: \_\_\_\_\_

Do you give your turtle any nutritional supplements (eg, vitamins, calcium, etc)? ☐ Yes ☐ No

If yes, give details: \_\_\_\_\_

### Health & Fitness:

When was their last shed? \_\_\_\_\_

Has your turtle ever laid eggs? ☐ Yes ☐ No

If yes, give details: \_\_\_\_\_

Do you have any of the following concerns (check all that apply):

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Shell abnormalities          | <input type="checkbox"/> Appetite change  | <input type="checkbox"/> Behaviour change     | <input type="checkbox"/> Shedding issues                |
| <input type="checkbox"/> Respiratory signs            | <input type="checkbox"/> Mouth/gum issues | <input type="checkbox"/> Lethargy or weakness |   |
| <input type="checkbox"/> Change in urofeces           | <input type="checkbox"/> Constipation     | <input type="checkbox"/> Bleeding             | <input type="checkbox"/> Trauma (bitten, injured, etc.) |
| <input type="checkbox"/> Eye/nose discharge or injury |   | <input type="checkbox"/> Floating/imbalance   | <input type="checkbox"/> Blindness                      |
| <input type="checkbox"/> Other: _____                 |   |   |   |

Is your turtle currently on any medications? ☐ Yes ☐ No

If yes, give details: \_\_\_\_\_

Do you have any specific questions or concerns? \_\_\_\_\_