



Lynwood
ANIMAL HOSPITAL

Reptile Health Questionnaire: Snake

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 in the house does your snake live? _____

Describe their enclosure (dimensions, type):

What types of plants, hides, or furniture are provided?

What type of substrate is used? _____

What enrichment items are provided? _____

What is their temperature range?

Basking site: _____ Daytime range: _____ Nighttime range: _____

What type of heat source is used? _____

How do you monitor temperatures? _____

What is the humidity level in their enclosure? _____

How is humidity maintained? _____

Is full spectrum UV light provided? ☐ Yes ☐ No

If yes, describe equipment used: _____

How often are your UVB bulbs changed? _____

What is your snakes light/dark cycle? _____

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

Are soaking facilities provided? ☐ Yes ☐ No

If yes, give details: _____

Diet:

How often do you feed your snake? _____

Where do you purchase your snake's food from? _____

What type of prey do you feed your snake?

Is the prey, ☐ Live ☐ Frozen/thawed ☐ Other _____

Where do you feed your snake? ☐ In their enclosure ☐ Separate feeding tank ☐ Other _____

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

If yes, give details: _____

What do you provide for a water source? _____

How often is it changed? _____

Health & Fitness:

Does your reptile brumate? ☐ Yes ☐ No

If yes, describe: _____

When was their last shed? _____

Was the shed complete? _____

Has your snake ever laid eggs? ☐ Yes ☐ No

If yes, give details: _____

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

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Regurgitation | <input type="checkbox"/> Refusal to eat | <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"/> Excessive drinking | <input type="checkbox"/> Blindness |
| <input type="checkbox"/> Other: | _____ | | |

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

If yes, give details: _____

Do you have any specific questions or concerns? _____