



**Lynwood**  
ANIMAL HOSPITAL

## Reptile Health Questionnaire: Tortoise

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 tortoise 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: \_\_\_\_\_

What is your tortoise's 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 tortoise? \_\_\_\_\_

Indicate which foods are eaten and in what amounts:

☐ Grasses/hay: \_\_\_\_\_

☐ Vegetables: \_\_\_\_\_

☐ Pellets: \_\_\_\_\_

☐ Other: \_\_\_\_\_

Do you give your tortoise 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? \_\_\_\_\_

Has your tortoise ever laid eggs? ☐ Yes ☐ No

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

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

☐ Shell abnormalities ☐ Appetite change ☐ Behaviour change ☐ Shedding issues

☐ Respiratory signs ☐ Mouth/gum issues ☐ Lethargy or weakness

☐ Change in urofeces ☐ Constipation ☐ Bleeding ☐ Trauma (bitten, injured, etc.)

☐ Eye/nose discharge or injury ☐ Excessive drinking ☐ Blindness

☐ Other: \_\_\_\_\_

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

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

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