



Reptile Questionnaire

Client Name: _____

Email address: _____

Pet Name: _____

Type of Pet: _____

Reason for visit (please check off all that apply):

- Pre-purchase exam
- Post-purchase exam
- General health check
- Yearly check-up
- Other (see list below)

- | | |
|---|---|
| <input type="checkbox"/> difficulty shedding | <input type="checkbox"/> sores or swelling around mouth |
| <input type="checkbox"/> discharge from eyes or nose | <input type="checkbox"/> sores or swelling of limbs |
| <input type="checkbox"/> coughing/sneezing | <input type="checkbox"/> regurgitating |
| <input type="checkbox"/> difficulty breathing | <input type="checkbox"/> not eating/eating less |
| <input type="checkbox"/> lameness | <input type="checkbox"/> distended abdomen/bloated |
| <input type="checkbox"/> lethargy/weakness | <input type="checkbox"/> eye problems |
| <input type="checkbox"/> change in quantity or consistency of stool | |
| <input type="checkbox"/> Other _____ | |

How long have you noticed these signs? _____

How long have you owned your pet? _____ weeks _____ months _____ years

Where did you obtain your pet? pet store friend breeder other _____

Do you own more than one reptile, and if so how many? no yes _____

What do you feed your pet? _____

- vitamin supplement
- mineral supplement

If you feed your pet prey, what type do you offer? live dead

How often do you feed your pet? daily weekly bi-weekly monthly

How often does your pet shed? _____

When did it last shed? _____

Does it have problems shedding? _____

Approx. temperature of the environment? _____ Approx. humidity? _____

Do you test the temperature with a thermometer? _____

Do you change the temperature of your pet's habitat for day and night? _____

Heat sources: _____ Light sources: _____

Is water available? _____ Size of container? _____

What is the substrate used at the bottom of the cage? _____