



Reptile Questionnaire

Owner's name:  
 Other caretakers:  
 Date:

Name of Reptile:  
 Species: Sex: Male/Female/Unknown  
 Age/date of birth: Date acquired:  
 Source: pet shop/friend/breeder (circle appropriate) or other:  
 Is the pet captive born or wild-caught?  
 Do you keep other reptiles? Y/N If yes please give details:

Name	Species	Date acquired	Source	Any illnesses?

What exposure does the patient have to the other reptiles (i.e. shared enclosure, separate but same room, etc)?

Enclosure: *Please bring a photo of enclosure to appointment if possible.*

Dimensions: H \_\_\_\_\_ W \_\_\_\_\_ D \_\_\_\_\_

What material is the enclosure made out of, including top/lid:

What is on the bottom of the enclosure and when is it changed?:

What objects/furniture are in the enclosure?:

How and when is the enclosure cleaned:

For aquatic species, is there a filter in the tank? Y/N What type?

How often do you do water changes?

What type of lighting is provided?:

If full spectrum, how far is it from the animal, and how often is the bulb changed?

How many hours a day is the light on?

Do you use a timer?

Describe your set-up for providing heat:

Are there thermometers in the enclosure? Y/N

What is the temperature: Day: High end \_\_\_\_\_ Low end \_\_\_\_\_

Night: High end \_\_\_\_\_ Low end \_\_\_\_\_

How is humidity managed?:

Is the animal soaked in a separate container? Y/N How often?

What types of food are offered, including how much and how often?

For carnivores, are prey items fed pre-killed thawed, pre-killed fresh, or live?

Is your reptile fed in his/her own enclosure or in a separate container?

For insectivores, are prey items gut loaded? Y/N With what?

Have you changed the diet recently? Y/N If yes please state when and describe the previous diet:

Do you give: If so please name and state the way you give them (ie sprinkled over food, etc)

Vitamins Y/N

Medicines Y/N

Minerals Y/N

Probiotics Y/N

The present problem:

Please describe your reptile's clinical signs (symptoms):

Any nasal or ocular discharge? Y/N

Any noisy breathing or bubbles from the nose? Y/N

Is the skin normal? Y/N

Are the droppings normal in appearance and size? Y/N

If no, please describe and state when the change occurred:

Additional comments: