



REPTILE HISTORY QUESTIONNAIRE

Client Name: _____ Name: _____
Address: _____ Species: _____
Breed: _____
Telephone: _____ Sex: _____
Colour: _____
Age: _____

Identification

What is the reptile's sex?

- Male Female Unknown

Reptile's Purpose:

- Pet Breeder Other: _____

Source of Reptile:

- Store Breeder Other: _____
 Wild-caught Domestic-bred Adoption/Rescue

Date acquired: _____

Has the reptile been quarantined?

- Yes No Commercial Private

Length: _____

Did any of those reptiles die or become ill during the quarantine?

- Yes No Details: _____

Enclosure

Reptile is kept in:

- Terrarium (mesh or wire sides) Tank (glass sides)
 Free in home

Size and location of Reptile's enclosure: _____

Hide Box? Yes No If Yes what type?: _____

List types of objects in enclosure (branches, etc): _____

Plants in enclosure? Yes No If Yes, Type(s): _____

What substrate do you use on the bottom of the enclosure? (sand, AstroTurf, paper towel, etc) _____

How often is the substrate changed? : _____

Frequency of enclosure cleaning and products used: _____

Other reptiles in same enclosure or room?

- Yes No

List other reptiles on the premises, past or present: _____



Are any other reptiles sick in the home?

- Yes No

Have any died?

- Yes No Details: _____

List other pets in the home or yard: _____

Light/Heat

Type of Light (i.e heat, UV, etc): _____ How many hours are lights on each day: _____

Position of the lighting (direction and distance from animal): _____

Temperature range in enclosure: _____

Temperature measuring device used: _____

Exposure to UVB:

- None
 Direct Sunlight
 UVB bulb

How many hours of exposure each day? _____

Position of UVB light and how far from the bottom of the cage it is placed: _____

Diet

What is the current diet (including brands of products):

- Insects: _____ Fresh fruit/veg: _____
 Mice/Rats: _____ Other: _____

For Carnivores (circle): Live prey Dead prey Both

For Live prey, do you gut load (circle): Yes No What is gut loading?

Is live prey left in the enclosure unsupervised with animal (circle)? Yes No

Vitamin/Mineral Supplement (include brands and amounts): _____

How often is the reptile fed?: _____

Water availability (circle): Water dish Bottle Mist Other: _____

Method and frequency of cleaning water receptacles: _____

Medical History

Previous illness or injury: _____

Previous medications: _____

Any current medications:

- Yes No Describe: _____

Date of last examination: _____

Last complete shed: _____

Frequency of shed: _____

If shed is abnormal, specify how and when last occurred: _____



Reproductive history:

If female, any history of egg laying (or birthing for live birth reptiles)?

- Yes No

If yes, when was the last clutch? _____

How often does egg laying occur? _____ How many eggs are produced? _____

Are eggs fertile?

- Yes No

If fertile, are offspring viable when hatched?

- Yes No Describe issues: _____

Current Health Status

Reason for visit:

- Wellness Exam Illness Exam

If ill, describe signs and symptoms: _____

How long has problem been occurring? _____

Any treatments tried?

- Yes No If yes, what? _____

Mark any of the following symptoms seen:

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> Anorexia or reduced appetite | <input type="checkbox"/> Sneezing | <input type="checkbox"/> Weakness |
| <input type="checkbox"/> Regurgitation | <input type="checkbox"/> Shedding problems | <input type="checkbox"/> Droopy limb |
| <input type="checkbox"/> Loose droppings | <input type="checkbox"/> Open mouth breathing | <input type="checkbox"/> Seizures |
| | <input type="checkbox"/> Ocular or nasal discharge | |

Characteristics of droppings:

- Formed Blood
 Diarrhea Increased Urine/Urate

Stool color: _____ urine color: _____ other changes/abnormalities: _____

Any other concerns? _____

Thank you for your information!