



REPTILE HISTORY QUESTIONNAIRE

Client ID: _____ Name: _____
 Client Name: _____ Species: _____
 Address: _____ 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? Y/N

If Yes what type?: _____

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

Plants in enclosure? _____

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): _____

Exposure to UVB:

None

Direct Sunlight

UVB bulb

How many hours? _____

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: Live prey, Dead prey, both?

For Live prey, do you gut load? Yes, no, what is gut loading?

If live prey are used are they left in the enclosure unsupervised with animal?

Vitamin/Mineral Supplement: _____

Water availability: 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!