

Reptile History Questionnaire

Your Name _____ Date _____

Pet's Name _____ Species _____

What is the reason for your pet's visit, what are his/her symptoms?

How long has he/she had this problem? _____

Has your pet ever had a problem in the past? Y N

If so, please describe it in full

Housing

How long have you had your reptile? _____

Do you have other reptiles? Y N What kind? _____

Are they in the same cage as this one? Y N

Is your pet at room temperature? Y N

Do you control the temperature and humidity of the cage? Y N

If so, what is it set at? _____

What is on the bottom of the cage? (sand, paper, pebbles, etc.)

Does your pet get exposed to unfiltered sunlight at least a few days a week? (Not through glass or plastic; screen is ok) _____

Do you use a UVA/UVB bulb? _____

Is the bulb over 6 months old? _____

What is the Wattage _____?

Client # _____

Diet

How much is your Pet eating? Nothing A little Normal More than normal

When is the last time your pet ate? _____

What do you feed your pet? _____

Do you gut load (feed supplements) to your pet's insects? Y N

How often do you feed your pet? _____

How much is your pet drinking? Nothing A little Normal More than normal

Do you give vitamin/mineral supplements directly? _____

How often? _____ What kind? _____

Shedding and Behaviors

Is your pet shedding regularly? Y N

When was the last shed? _____ Was it full or partial? _____

Do you mist or soak? Y N If so, how often? _____

Are the pet's droppings normal? If not, describe

Additional Information

Tell us anything else you may feel is important about your pet or the illness.

_____.

In order for our doctors to do a complete analysis for a diagnosis, do we have your permission to perform the following, if needed?

X-rays (\$40) Yes No Ultrasound (\$40) Yes No

Best Contact Phone Number _____

Signature _____ Date _____