

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 (\$41.20) Yes No Ultrasound (\$41.20) Yes No

Best Contact Phone Number _____

Signature _____ Date _____