

Reptile/Amphibian Patient Questionnaire

Pet's Name:

Owner's Name:

Date:

Species:

Where did you purchase? _____

How long have you owned the pet? _____

Cage Design

Type: _____

Size: _____

Cage/bedding: _____

How often cleaned? _____

Briefly describe cleaning procedure: _____

Using the diagram below, indicate location of lights, heat sources, water bowl, branches, hide boxes, thermometers, etc.



Cage Temperature

Day: _____

Night: _____

Lighting:

Type(s): _____

Humidity: _____

How long are they on? _____

Cage location in your home: _____

Heat Source: _____

Food

Type(s) _____ Frequency: _____

Quantity consumed each feeding: _____

Source of food: _____ How is food stored: _____

Water

Terrestrial species

- a. Size of bowl: _____
- b. How often is it changed: _____

Aquatic Species

- a. Type of filtration: _____
- b. Source of water: _____

Bowel Movements:

- a. How often does your pet have a bowel movement in relation to feeding? _____
- b. Color and consistency: _____
- c. Has a fecal sample previously been submitted for a parasite check? _____
- d. If yes, results of fecal: _____

Are there any cage mates? YES NO

If yes, please list: _____

Are there any other animals in your collection? YES NO

If yes, please list: _____

Do you have a quarantine policy regarding new additions to your collection?

If yes, please describe: _____

Any previous disease problems with this pet or others in your collection:

If yes, please describe: _____

Current attitude and behavior of this pet: _____

How often does pet shed? _____

What is the problem with this pet? _____

Is there anything else we should know about this pet?

