EXOTIC ANIMAL QUESTIONNAIRE

REPTILES, AMPHIBIANS, TURTLES, TORTOISES



We appreciate your time in filling out this form. **If you have an emergency**, please alert the client service representative or doctor and we will assist your pet immediately.

CLIENT/PATIENT INFORMATION			
Client Name:		Pet's Name:	Date: / /
Species:	Age:	Sex:	Pet / Breeding Animal (circle one
Reason for today's visit	t (include du	ration of problem if appli	cable):
Past medical problems	:		
	ВА	CKGROUND INFOR	RMATION
Length of time owned:		Where acquired?	
		HOUSING	
Type of enclosure:		Siz	ze of enclosure:
Indoor / Outdoo	or / Both (cir	cle one)	
• Do you use a substra	te or beddin	g on the floor of the encl	losure? Y / N
If yes, list type o	r brand:		
• Please describe any o	age accesso	ries inside the enclosure:	
• Is there a thermomet	er in the end	closure? Y / N	
Approximate ca	ge temperat	ure:	_
• Is there a light source	e in the encl	osure? Y / N	
If yes, please list	type (UVA,	UVB, fluorescent, unkno	wn) of bulb and wattage:
How many hours is the	light turned	I on per 24 hour period?	
My reptile has access to	o direct, unf	iltered sunlight: Y / N Ho	ours per day:
• Is there a heat source			
If yes, please ind	licate type: _		
• Is there a humidifier i	n the enclos		bowl, incubation chamber)? Y / N
If yes, please ind	licate type: _		
• Is the humidity in the	enclosure n	neasured? Y / N Approxi	mate humidity:

NUTRITION INFORMATION

Amount & Frequency:		
Amount & Frequency:		
Amount & Frequency:		
Amount & Frequency:		
om where he/she usually lives? Y / N		
indicate type:		
concerns you would like to discuss with the vet today:		