

Reptile Form

To help us make the proper recommendation concerning your pet's health-care needs, please complete the following questionnaire.

Date : DD / MM / YYYY

Your e-mail address :

Your email address will be kept completely confidential and will only be used to communicate about your pet

How did you hear about us?

About your pet

Reptile's name : Sex : Male / Female / Unknown

Species :

How was the reptile sexed? Visually Blood Test Surgically Probes

Does the reptile have any specific identification (tattoo/microchip)?

If the reptile is a female has she produced eggs or given birth in the past? Yes / No

If yes, please describe:

Is the reptile used for breeding? Yes / No

How was the reptile acquired? Store Breeder Other :

Date acquired: DD / MM / YYYY

Are there any other pets in the house? Yes / No

If yes, please describe with age and when acquired:

When did the reptile last shed its skin? DD / MM / YYYY

Did the shed appear to be normal? Yes / No

If no, please describe:

Housing

Where is the reptile kept (Specify percentage of time in each location) Indoors : % Outdoors : % Roaming free : %

Describe the reptile's enclosure (size/material):

Is the reptile housed alone? Yes / No

If no, please describe:

What heat sources are used?

Enclosure temperatures, Day min : Day max : Night min : Night max : expressed in degrees C / F

Humidity :% Basking site temperature : C / F

How are temperature and humidity measured in the cage?

What light sources are used? (Include hours of use per day) :

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Housing (Cont'd)

Is there an UV or full-spectrum light source?Yes / No
 If yes, please describe (+ hours of use):
 What substrate and other objects are there in the cage? (sand, gravel, newspaper, PVC, wood, hiding spots...):

 How often is the cage cleaned?
 What cleaning products are used?
 Method & frequency of cleaning food/water dishes:
 Does the reptile hibernate?Yes / No
 If yes, where and for what period of time?
 Has the reptile's environment changed recently?Yes / No
 If yes, describe:
 Is the reptile ever soaked?Yes / No
 If yes, where and how often?

Diet

What foods are offered to the reptile and in what percentages?

 If live insects are fed, are they offered food (“gut loaded”) before being fed to the reptile?.....Yes / No
 If yes, with what product:
 Are any vitamin or minerals offered?.....Yes / No
 If yes, what products:
 Are any treats offered?.....Yes / No
 If yes, what products and how often:
 Have there been any recent changes or new foods?.....Yes / No
 If yes, describe:
 How is water supplied? (sipper, bowl, dropper):

Today's visit

What signs have you noticed that prompted today's visit?

 How long have you noticed the problem?
 Has the reptile been sick previously?Yes / No
 If yes, describe:
 Has the reptile been seen by any other veterinarian?Yes / No
 If yes, when and why:
 Have any tests been conducted previously? Blood work Fecal parasite test Skin parasite test X-rays
 Other :

