

Reptile Husbandry Questionnaire for:

Name: _____

Patient information:

- Species: _____ Gender: _____
- How long have you owned? _____ Current Age: _____
- Source (pet store, breeder, previous owner?) _____

Environment: NOTE - Please bring and/or attach picture(s) of the enclosure

- What substrate is on the bottom of the cage? _____
- How often is it cleaned? _____ What product is used? _____
- Is there a water source large enough to soak in? _____
- **Aquatic** species only:
 - How often is water changed? _____ Do you use a filter? _____
 - When was the last time a water quality test trip was used? _____
 - How often is your pet out of the water/dry docked? _____

Lighting:

- How often does your pet receive direct (NO screen, NO window) sunlight? _____
- Does your light bulb emit UVB light? _____
- When did you last replace your UVB light? _____

Temperature:

- What is the temperature in the warmest area your pet can reach? _____
- What is the coldest temperature in the cage? _____
- What heating sources do you have? _____

Humidity:

- How do you maintain humidity in you cage? _____
- Do you measure the humidity? _____ If yes, what is the the range? _____

Diet:

- Please list all foods and the approximate amounts that your pet gets:
 - _____
 - _____
- How frequently are they fed? _____
- Any supplements/vitamins? _____ If yes, what kind? _____

Hibernation:

- Does your pet hibernate? _____ If yes, how long? _____

Other pets:

- Have you obtained any new reptiles in the last 6 months? _____
- What other pets are in the house? _____

Health:

- When was the last shed? _____ Was it complete? _____
- Has your pet ever laid eggs? _____ If yes, how long ago? _____
- Any previous health issues? _____
- If your pet is sick, please briefly describe the signs and duration of signs: _____

