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Reptile Husbandry Questionnaire

Client Name: _____ Pet's Name: _____

Today's Date: _____

Do you consider your Reptile/Amphibian experience level:

- A) Beginner- I need help! B) Moderate- I'll take more info C) Expert- I understand husbandry needs well

1) When acquired? _____ What age when acquired? _____

2) Where acquired? Circle and explain.

- A) pet store (name, location) _____
B) breeder (name, location) _____
C) former owner (relation) _____
D) other _____

3) Cage:

Approximate size of cage: _____ Material: _____

Describe/type substrate in bottom of cage (newspaper, wood chips, pine shavings, etc) _____

Types of furnishings in cage, if any: _____

Please list any other items that are in the cage not listed above:

How often is the cage cleaned? _____ bowls cleaned? _____

water changed? _____ food changed? _____

Is a heat source provided? If so, describe method. _____

What temperature is the daytime? _____ The night? _____ basking? _____

Do you provide a lighting system? Y or N Do you use UVB light? Y or N If yes, where placed? _____

4) How much time spent outside of cage per day? _____

Time spent outdoors? Y or N Percent unsupervised outside of cage? _____

5) List number of other animals in the household and what kind.

_____ Do they have physical contact with this pet? Y or N

6) List percent of each fed daily: pellet diet _____ vegetables _____
fruits _____ grains _____ "people" foods _____ live food _____
treats/other _____

Examples of live foods fed:

_____ Is a supplement given? Y or N How administered? _____

Brand and type of primary diet _____

6) Do you use mite strips in or around cage? Y or N

- 7) Do you provide humidity for your reptile? (example: soaking, misting) Y or N
 If yes, how? _____ Percent _____
- 8) Do you hibernate your reptile intentionally? Y or N When last time? _____
- 9) Is your reptile (circle one) Male or Female or Unknown?
 How confirmed? A) Blood/DNA test B) probe C) laid eggs D) physical traits
 E) other _____

Reptile Illness Information

- A) Has your reptile had any coughing, wheezing, or sneezing? Y or N If yes, any discharge?
 Y or N (Describe) _____ How often? _____
- B) Any regurgitation or vomiting? Y or N If yes, how often? _____ (Describe)

- C) Has your reptile's activity level changed recently? Y or N Increased or decreased?
- D) Are there changes in the scales or skin? Y or N What location on body? _____
 Has your reptile shed recently? Y or N or N/A When? _____
- E) Is your reptile excessively closing its eyes? Y or N
- F) Are any other pets sick? Y or N
- G) Has your reptile's eating habits changed recently? Y or N Increased or decreased?
 Has your reptile's drinking increased or decreased or the same? _____
- H) Have your reptile's droppings changed recently? Y or N If yes, describe which part:
 (color, frequency, volume):
 urates _____ urine _____ feces _____
- I) If Female, does she currently lay eggs? Y or N If Yes, how many in a clutch? _____ How
 often? _____ Last time? _____
- J) Have you tried any medications for treating this illness? Y or N or N/A If yes, list names of
 treatments and dosages: _____
- K) Have there been any changes in temperature, husbandry, or diet recently? Y or N If yes,
 describe: _____

If you answered yes to any of the above questions please explain. Also, list any other
 peculiar behavior you have noticed. Include when symptoms first appeared.
