

Reptile Questionnaire

Client Name: _____

Pet Name: _____

Type of Bird: _____

Reason for Visit: (please check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Pre-purchase exam | <input type="checkbox"/> Lethargy/weakness |
| <input type="checkbox"/> Post-purchase exam | <input type="checkbox"/> Change in quantity or consistency of droppings |
| <input type="checkbox"/> General health check | <input type="checkbox"/> Sores or swelling around mouth |
| <input type="checkbox"/> Yearly check-up | <input type="checkbox"/> Sores or swelling of limbs |
| <input type="checkbox"/> Difficulty shedding | <input type="checkbox"/> Regurgitating |
| <input type="checkbox"/> Discharge from eyes or nose | <input type="checkbox"/> Not eating/eating less |
| <input type="checkbox"/> Coughing/sneezing | <input type="checkbox"/> Distended abdomen/bloated |
| <input type="checkbox"/> Difficulty breathing | <input type="checkbox"/> Eye problems |
| <input type="checkbox"/> Lameness | |
| <input type="checkbox"/> Other _____ | |

How long have you noticed these signs? _____

How long have you owned your pet? _____

Where did you obtain your pet (pet store/friend/breeder)? _____

Do you own more than one reptile, and if so how many? _____

What do you feed your pet? _____

vitamin supplement mineral supplement

If you feed your pet prey, what type do you offer? live dead

How often do you feed your pet? daily weekly bi-weekly monthly

How often does your pet shed? _____

When did he/she last shed? _____

Does he/she have problems shedding? _____

Approximate temperature of the environment: _____ Approximate humidity: _____

Do you test the temperature with a thermometer? _____

Do you change the temperature of your pet's habitat for day and night? _____

Heat sources: _____ Light sources: _____

Is water available? _____ Size of water container: _____

What is the substrate or bedding on the bottom of the cage? _____