



Date:	
Time:	
Appt Type:	<input type="checkbox"/> Wellness <input type="checkbox"/> Sick Visit <input type="checkbox"/> Work-In <input type="checkbox"/> After-Hours ER

REPTILE HISTORY QUESTIONNAIRE

Thank you for trusting us with your pet's veterinary care. Please help us to better serve you and your pet by completing this questionnaire to the best of your ability. Leave sections blank if you do not know the answer.

Client's name		Date of hatch	
Name of reptile		Date obtained	
Species		Age when obtained	
Breed or morph		Sex	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Unknown
Captive bred or wild caught?	<input type="checkbox"/> Captive bred <input type="checkbox"/> Wild caught <input type="checkbox"/> Unknown		
Place obtained	<input type="checkbox"/> Pet store Name: _____ <input type="checkbox"/> Friend or family member <input type="checkbox"/> Former owner (not family member) <input type="checkbox"/> Breeder or show Name: _____ <input type="checkbox"/> Found outside <input type="checkbox"/> Hatched at home <input type="checkbox"/> Other: _____		
How did you hear about us?	<input type="checkbox"/> Internet <input type="checkbox"/> Phone book <input type="checkbox"/> Personal reference <input type="checkbox"/> Pet store <input type="checkbox"/> Breeder <input type="checkbox"/> Veterinary referral		
If referred, please list referring vet and hospital			

HOUSING AND ENVIRONMENT

Location of enclosure	<input type="checkbox"/> Family room <input type="checkbox"/> Living room <input type="checkbox"/> Bedroom or spare room <input type="checkbox"/> Dining room <input type="checkbox"/> Kitchen <input type="checkbox"/> Screened-In Porch <input type="checkbox"/> Sunroom <input type="checkbox"/> Outside <input type="checkbox"/> Quarantine area			Other:			
Style of enclosure (check all that apply)	<input type="checkbox"/> Purchased <input type="checkbox"/> Came with pet <input type="checkbox"/> Custom made <input type="checkbox"/> Homemade <input type="checkbox"/> Glass tank <input type="checkbox"/> Mesh cage <input type="checkbox"/> Plastic or Plexiglas <input type="checkbox"/> Wood <input type="checkbox"/> Wire			Other:			
Enclosure dimensions	Height:	Width:	Depth:	or Gallons:	<input type="checkbox"/> Unknown		
Enclosure substrate	<input type="checkbox"/> Newspaper <input type="checkbox"/> Unprinted paper <input type="checkbox"/> Recycled newspaper pellets <input type="checkbox"/> Reptile carpet <input type="checkbox"/> Wood shavings <input type="checkbox"/> Coconut husk <input type="checkbox"/> Tile <input type="checkbox"/> Dirt <input type="checkbox"/> Sand <input type="checkbox"/> Hay <input type="checkbox"/> Straw			Other:			
Furniture (branches, logs)		Hide box (terrestrial species)	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Heat source(s) (check all)	<input type="checkbox"/> Red light heat lamp <input type="checkbox"/> Mercury vapor lamp <input type="checkbox"/> Ceramic heat emitter <input type="checkbox"/> Under-the-tank strip <input type="checkbox"/> Heating pad <input type="checkbox"/> Space heater <input type="checkbox"/> Room is heated			Other:			
Daytime temperature range	to	°F	Nighttime temperature range	to	°F	Basking temperature	°F
Thermometers	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Analog <input type="checkbox"/> Digital <input type="checkbox"/> Indoor-outdoor digital <input type="checkbox"/> Laser thermometer						
Ultraviolet (UVB) light?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Source:	Distance:	Frequency changed:			
Other lighting (describe)							
Photoperiod	# daylight hours:		# dark hours:				
Water source	<input type="checkbox"/> Water bottle <input type="checkbox"/> Water bowl <input type="checkbox"/> Mister <input type="checkbox"/> Fogger <input type="checkbox"/> Drip system <input type="checkbox"/> Aquatic animal, N/A					Other:	
Water filter (aquatic species)	<input type="checkbox"/> Yes <input type="checkbox"/> No	In-tank filter <input type="checkbox"/> Out-of-tank filter <input type="checkbox"/>	How often is filter changed?				
Relative humidity (%)	<input type="checkbox"/> Unknown (no hygrometer used)						
Water spraying or soaking	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how often?					

DIET AND SUPPLEMENTS

Formulated diets (please indicate all brands)	Brand(s):	Frequency that formulated diets are offered	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly
	Amount per feeding:		<input type="checkbox"/> Occasionally <input type="checkbox"/> Rarely <input type="checkbox"/> Never, or not accepted
Prey items (for carnivorous species)	<input type="checkbox"/> Pinkie mice <input type="checkbox"/> Fuzzy mice <input type="checkbox"/> Hopper mice <input type="checkbox"/> Adult mice <input type="checkbox"/> Small rats <input type="checkbox"/> Large rats <input type="checkbox"/> Other: _____	Frequency that prey offered	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly
	<input type="checkbox"/> Live <input type="checkbox"/> Fresh killed <input type="checkbox"/> Thawed frozen		<input type="checkbox"/> Occasionally <input type="checkbox"/> Rarely <input type="checkbox"/> Never, or not accepted
Feeder insects	<input type="checkbox"/> Crickets <input type="checkbox"/> Mealworms <input type="checkbox"/> Superworms <input type="checkbox"/> Waxworms <input type="checkbox"/> Hornworms <input type="checkbox"/> Butterworms <input type="checkbox"/> Dubia roaches <input type="checkbox"/> Silkworms <input type="checkbox"/> Flies <input type="checkbox"/> Other: _____	Frequency that supplements are offered	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly
			<input type="checkbox"/> Occasionally <input type="checkbox"/> Rarely <input type="checkbox"/> Never, or not accepted
		Number per feeding	

Green leafy vegetables and herbs	<input type="checkbox"/> Kale <input type="checkbox"/> Collards <input type="checkbox"/> Spinach <input type="checkbox"/> Parsley <input type="checkbox"/> Cilantro <input type="checkbox"/> Green or red leaf lettuce <input type="checkbox"/> Iceberg lettuce <input type="checkbox"/> Mustard greens <input type="checkbox"/> Turnip greens <input type="checkbox"/> Chard <input type="checkbox"/> Dandelion greens <input type="checkbox"/> Cabbage <input type="checkbox"/> Bok choy <input type="checkbox"/> Broccoli <input type="checkbox"/> Watercress <input type="checkbox"/> Dandelion <input type="checkbox"/> Carrot tops <input type="checkbox"/> Other:	Frequency that green leafy vegetables are offered	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Occasionally <input type="checkbox"/> Rarely <input type="checkbox"/> Never, or not accepted
Other vegetables	<input type="checkbox"/> Carrots <input type="checkbox"/> Sweet potatoes <input type="checkbox"/> Cauliflower <input type="checkbox"/> Beets <input type="checkbox"/> Squash <input type="checkbox"/> Zucchini <input type="checkbox"/> Other:	Frequency that other vegetables are offered	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Occasionally <input type="checkbox"/> Rarely <input type="checkbox"/> Never, or not accepted
Fruits	<input type="checkbox"/> Strawberries <input type="checkbox"/> Bananas <input type="checkbox"/> Grapes <input type="checkbox"/> Papaya <input type="checkbox"/> Mango <input type="checkbox"/> Apple <input type="checkbox"/> Citrus fruits <input type="checkbox"/> Blueberries <input type="checkbox"/> Other:	Frequency that fruits are offered	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Occasionally <input type="checkbox"/> Rarely <input type="checkbox"/> Never, or not accepted
Supplements (check all)	<input type="checkbox"/> Calcium-only powder or spray: <input type="checkbox"/> Calcium-D3 powder or spray: <input type="checkbox"/> Other:	Amount: Amount: Amount:	Frequency: Frequency: Frequency:

Feeding schedule:

Last time your reptile was fed:	Last time your reptile ate:
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ENVIRONMENT AND PREVIOUS MEDICAL HISTORY

Any cage mates? Describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, are they healthy? If not, please describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other PETS in the home? Describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Previous wellness examinations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Previous adverse drug reactions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of last shed?	Complete shed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Any recent egg laying? (females only) Describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Previous medical or surgical problems (please describe)	

Check if your reptile has, or has had, any symptoms in the following areas to a significant degree and briefly explain.

<input type="checkbox"/> Skin	<input type="checkbox"/> Nasal passages or sinuses	<input type="checkbox"/> Recent changes in:
<input type="checkbox"/> Scales	<input type="checkbox"/> Airways or lungs	<input type="checkbox"/> Body weight or condition
<input type="checkbox"/> Toenails	<input type="checkbox"/> Feces	<input type="checkbox"/> Energy level or activity level
<input type="checkbox"/> Head or neck	<input type="checkbox"/> Urine or urates	<input type="checkbox"/> Appetite
<input type="checkbox"/> Lips and oral cavity	<input type="checkbox"/> Legs or feet	<input type="checkbox"/> Thirst
<input type="checkbox"/> Throat	<input type="checkbox"/> Behavior	<input type="checkbox"/> Breathing rate, effort, or pattern

CURRENT PROBLEM (IF APPOINTMENT IS FOR MEDICAL CONCERN)

Date that problem was first noticed:	
Please describe the problem:	
How has the problem changed?	<input type="checkbox"/> Better <input type="checkbox"/> Worse <input type="checkbox"/> Episodic <input type="checkbox"/> No better or worse <input type="checkbox"/> Unknown
Current medication (if any) and response:	<input type="checkbox"/> None

PLEASE DESCRIBE ANY ADDITIONAL QUESTIONS OR CONCERNS YOU MAY HAVE

SALMONELLA ADVISORY WARNING

Most, if not all, reptiles carry *Salmonella* bacteria in their intestinal tract and intermittently or continuously shed these bacteria in their feces. *Salmonella* bacteria usually do not cause any illness in reptiles, but can cause serious illness in people. *Salmonella* bacteria are easily spread from reptiles to humans. Humans may become infected when they place their hands on objects, including food items, that have been in contact with the stool of reptiles, in their mouths. Please refer to the ARAV at <https://arav.org/salmonella-bacteria-reptiles/> or the CDC at <https://www.cdc.gov/features/salmonellafrogturtle/index.html> for further information.