

ALL Creatures Family Pet Hospital

Exotic Pet Questionnaire: REPTILE



Client Name: _____ Date: _____

Patient Name: _____ Species: _____

Gender: Male ___ Female ___ Unknown ___ (Circle one) _____

1. What is the reason for bringing your pet(s) to ALL Creatures Family Pet Hospital for examination? (Example: annual wellness, eye problem, losing weight, not eating,...etc.) _____

2. How did you acquire your pet (i.e. from where or whom?)

3. When was your pet born or hatched? _____

4. How long have you been providing care for your pet? _____

5. **What do you feed** your pet and **how often** do you feed your pet?

(Examples: live prey items, desiccated (dried) prey items, fresh killed prey items, frozen prey items, organic vegetables...etc. once weekly...etc.) _____

6. **Where do you feed** your pet? (Example: Live rat placed in enclosure or crickets added to enclosure, veggies on a plate...etc.) _____

Do you add vitamin or mineral supplements to your pet's diet? YES / NO

(Circle one) If YES, **how often**, **how much** and **which brands** do you use?

*Please, bring all supplements with you to your first appointment for evaluation.

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7. If you feed prey items to your pet, do you “gut load” the prey items and, if you do, what do you gut load with? _____

8. Do you house your pet indoors or outdoors or both? (Circle one) Describe outdoor activities if, applicable, and frequency of outdoor access: _____

9. What type of **housing** do you provide your pet? What are the enclosure dimensions? (Example: a 10-gallon aquarium that is 18 inches long, 12 inches deep and 16 inches high with a metal mesh cover...etc.)

10. Do you allow your pet to roam freely throughout the house or in areas outside of its housing container? YES NO (Circle one) If YES, please elaborate: _____

11. What type of **substrate** do you place in the housing area? (Example: sand, bark, newspaper, none...etc.) _____

12. What **type of lighting** do you provide? (Example: natural outdoor, sunlight through a window, full spectrum UV lamps, heat lamps...etc.)

When did you last purchase **new bulbs**? _____

13. How do you provide **water** and **humidity** for your pet? (Example: weekly soaks, daily misting....etc.) Please, note the **method** you use and the **Frequency**. _____

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14. What is the **ambient temperature** of the area where you house your pet?
_____ F. If you use heating pads, heat lamps or heat rocks, or other
sources of heat to help control temperature please describe types and
location of each. _____

15. How many pets do you house in the same **enclosure**? _____

16. How often does your pet **shed**? _____

17. How often does your pet **defecate**? _____

18. Any changes in the appearance, frequency, or odor of your pet's
droppings? _____

19. Any changes in your pet's appetite? _____

20. Has your pet's level of activity changed and, if so, how?

21. Does your pet ever **regurgitate** (activity similar to vomiting) after
ingesting food? YES NO (circle one). If YES, how often & for how long?

22. Is your pet **currently receiving any prescription or over the counter
medications**? YES NO (circle one) If yes, what medication(s) are you
administering, at what dose and frequency and how long has your pet
been receiving the medication(s)? _____

23. What other types of animals live in the same **household** with your pet?

24. If your pet is a **female**, has she previously or recently laid eggs (oviparous
species) or given birth (viviparous species)? **YES/NO** (Circle one) If yes, if

