

BETHEL VETERINARY HOSPITAL

Reptile/Amphibian Questionnaire

Name of pet: _____ Breed: _____

Obtained from? (pet store, breeder, etc...) _____

DOB: _____ Age Obtained: _____ Male/Female: _____

List other pets in household: _____

Any other animals in the cage? Y or N How many? _____

What is the size of the cage? _____

What type of cage? _____

What substrate do you use on the bottom of the cage? (carpet, wood chips, newspaper, etc.)

What cage furniture do you have? (Branches, rocks, etc) _____

What type of heat sources do you use? _____

What temperature is your pet kept at? _____

What humidity is the cage kept at? _____

If a water bowl is used, is it also for soaking? Y or N

How often do you clean the water source? _____

Frequency of soaking/bathing? _____

How often do you clean the cage? _____

Does your pet spend anytime outside the cage? Y or N How much time? _____

What type of lighting do you provide for your pet? (UVA, UVB, Basking Light) _____

What is the duration of light vs dark? _____

What do you feed your pet and how frequently? _____

Do you give your pet any supplements? Y or N Type _____

When did your pet last eat? _____

When was your pet's last bowel movement? _____

How often do you handle your pet? _____

Do you know about the bacteria Salmonella in reptiles? _____

Has your pet ever been to a veterinarian before? Y or N

Why are you here
today? _____
