

# EXOTIC ANIMAL QUESTIONNAIRE

## REPTILES, AMPHIBIANS, TURTLES, TORTOISES

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We appreciate your time in filling out this form. If you have an emergency, please alert the client service representative or doctor, and we will assist your pet immediately.

### CLIENT/PATIENT INFORMATION

Client Name: \_\_\_\_\_ Pet's Name: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Species: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Pet or Breeding Animal (circle one)

Reason for today's visit (include duration of problem if applicable): \_\_\_\_\_

Past medical problems: \_\_\_\_\_

### BACKGROUND INFORMATION

Length of time owned: \_\_\_\_\_ Where acquired? \_\_\_\_\_

### HOUSING

Type of enclosure: \_\_\_\_\_ Size of enclosure: \_\_\_\_\_

Indoor / Outdoor / Both (circle one)

- Do you use a substrate or bedding on the floor of the enclosure? Y / N  
If yes, list type or brand: \_\_\_\_\_
- Please describe any cage accessories inside the enclosure: \_\_\_\_\_
- Is there a thermometer in the enclosure? Y / N Approximate cage temperature: \_\_\_\_\_
- Is there a light source in the enclosure? Y / N  
If yes, please list type (UVA, UVB, fluorescent, unknown) of bulb and wattage: \_\_\_\_\_

How many hours is the light turned on per 24 hour period? \_\_\_\_\_

My reptile has access to direct, unfiltered sunlight: Y / N Hours per day: \_\_\_\_\_

- Is there a heat source in the enclosure? Y / n  
If yes, please indicate type: \_\_\_\_\_
- Is there a humidifier in the enclosure (misting, large water bowl, incubation chamber)? Y / N  
If yes, please indicate type: \_\_\_\_\_
- Is the humidity in the enclosure measured? Y / N Approximate humidity: \_\_\_\_\_

# NUTRITION INFORMATION

Date of last meal: \_\_\_/\_\_\_/\_\_\_

Types of food offered:

- \_\_\_\_\_ Amount & Frequency: \_\_\_\_\_
- \_\_\_\_\_ Amount & Frequency: \_\_\_\_\_
- \_\_\_\_\_ Amount & Frequency: \_\_\_\_\_
- \_\_\_\_\_ Amount & Frequency: \_\_\_\_\_

Is the animal fed in a separate enclosure from where he/she usually lives? Y / N

My animal is fed live prey: Y / N If yes, indicate type: \_\_\_\_\_

Please describe the water source: \_\_\_\_\_

Does animal bathe? Y / N How often: \_\_\_\_\_

Please list any additional questions or concerns you would like to discuss with the vet today:

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