EXOTIC ANIMAL QUESTIONNAIRE

REPTILES, AMPHIBIANS, TURTLES, AND TORTOISES

PATIENT INFORMATION Species: _____ Sex: _____ Reason for today's visit (include duration of problem if applicable): Past medical problems: 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:

ullet 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 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:	