

Reptile History Questionnaire

Client Name:

Pet Name:

Type of Reptile (species):

Where acquired:

Captive-bred or wild caught:

Time with current owner:

Any cage mates:

Any other animals in collection:

Quarantine upon arrival:

If yes, how long:

Any preventive medicine (i.e. stool exam, deworming, bloodwork):

Last time animal has eaten:

Diet (food types and percentages):

Water Supply:

Supplements:

Shedding frequency and last shed:

Describe enclosure with details about heat source/temperatures, lighting, furniture, humidity, thermometers, substrate on cage floor:

Reason for visiting Pet Care:

Please print out this form and bring it with you the day of your pet's appointment