



Warren Woods Veterinary Hospital
29157 Schoenherr
Warren, Michigan 48088
586-751-3350

Reptile Introduction Questionnaire

Owner's Name: _____

Patient's Name: _____

Species: _____

Age: _____

Sex: Male Female Unknown

Historical Information

When did you acquire your pet? _____

Where did you acquire your pet? _____

Has your pet ever visited a veterinarian? _____

If so when and why? _____

Has your reptile ever laid eggs? _____

How often does it shed? _____

When was your reptiles last shed? _____

How often does your reptile defecate? _____

When did your reptile last defecate? _____

Current Environment

What type of enclosure does your pet have? _____

What size/dimensions? _____

What bedding is in your enclosure? _____

Are there decorations in the enclosure? _____

If so what kind? _____

Do you use a full-spectrum UVB bulb? YES ____ NO ____ UNKNOWN ____

If yes, what kind of bulb is it? _____

When was the last time it was replaced? _____

Does your reptile spend any time outdoors? _____

How is the enclosure heated? (e.g. light, heating pad, etc.) _____

Do you use a thermometer? YES _____ NO _____ UNKNOWN _____

What is the temperature of the enclosure? _____

How long are the lights on/off? Day: _____ Night: _____

Does your pet have a water dish? _____

What is the humidity level of the enclosure? _____

Do you soak/bathe your reptile? YES _____ NO _____ How often? _____

Is your pet housed alone? _____

If not what other animals are in the enclosure? _____

For Aquatic Species:

How often do you change the water? _____

Do you use a water heater? YES _____ NO _____ UNKNOWN _____

Do you use an aquarium filter? YES _____ NO _____ UNKNOWN _____

Diet and Supplementation

What types of food do you offer? _____

How often do you feed your pet? _____

Where do you feed your reptile? _____

Do you add any supplements to the food? _____

If so what kind? _____

Additional Information: _____
