



## Reptile History Questionnaire

To help us better serve you and your pet, please complete this form to the best of your ability. Leave sections blank if you do not know the answer. **Questions continue over page.**

<b>Name of Pet</b>		<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Unknown	Age:	
<b>Species of Pet</b>		Date obtained:		
<b>Name of Owner</b>		Age when obtained:		
<b>Place Obtained</b>	<input type="checkbox"/> Pet Store <input type="checkbox"/> Breeder or show <input type="checkbox"/> Friend/Family <input type="checkbox"/> Found outside <input type="checkbox"/> Hatched at home <input type="checkbox"/> Other			
<b>How did you hear about us?</b>	<input type="checkbox"/> Internet <input type="checkbox"/> Phone book <input type="checkbox"/> Personal refernce <input type="checkbox"/> Pet store <input type="checkbox"/> Vet referral			
<b>If referred, please list referring Vet Clinic:</b>				
<b>ENCLOSURE</b>				
<b>Style of Cage (check all that apply)</b>	<input type="checkbox"/> Purchased <input type="checkbox"/> Came with pet <input type="checkbox"/> Homemade (galvanized wire, other) <input type="checkbox"/> Glass tank <input type="checkbox"/> Plexiglass <input type="checkbox"/> Wood <input type="checkbox"/> Other			
<b>Cage Dimensions</b>	Height	Width:	Depth:	Unknown
<b>Cage location in home</b>	<input type="checkbox"/> Family Room <input type="checkbox"/> Living room <input type="checkbox"/> Bedroom <input type="checkbox"/> Dining room <input type="checkbox"/> Kitchen <input type="checkbox"/> Sunroom <input type="checkbox"/> Outbuilding <input type="checkbox"/> Outside			Other:
<b>Furniture branches/logs</b>				Other:
<b>Hide box type</b>				<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Heat Source</b>	<input type="checkbox"/> Red light heat lamp <input type="checkbox"/> Mercury vapour lamp <input type="checkbox"/> Ceramic heat emitter <input type="checkbox"/> Under floor heater			Other
<b>Daytime temperature range</b>		<b>Nighttime range</b>	to °C	<b>Basking Spot temp</b>
				to °C
<b>Thermometer</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No   Analog   Digital   Min/Max   Other			
<b>UVB light?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type?	Distance	Frequency changed?
<b>Describe other lighting if present</b>				
<b>Photoperiod</b>	daylight hours ?		dark hours?	
<b>Water source</b>	<input type="checkbox"/> Water bottle <input type="checkbox"/> Water bowl <input type="checkbox"/> Mister <input type="checkbox"/> Fogger <input type="checkbox"/> Drip system			
<b>Water filter (aquatic species)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	How often is filter changed?		
<b>Relative humidity (%)</b>	%		Unknown (no hygrometer used)	
<b>Water spraying or soaking</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how often?		
<b>DIET AND SUPPLEMENTS</b>				
<b>Formulated diets</b>	Brand? Amount per feeding?	Frequency offered	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Occasionally <input type="checkbox"/> Rarely <input type="checkbox"/> Never, or not accepted	
<b>Feeder insects wild caught?</b>	<input type="checkbox"/> Crickets <input type="checkbox"/> Mealworms <input type="checkbox"/> Flies <input type="checkbox"/> Waxworms <input type="checkbox"/> Other	Frequency offered	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Occasionally <input type="checkbox"/> Rarely <input type="checkbox"/> Never, or not accepted	



<b>Vegetables offered (list)</b>	<input type="checkbox"/> Kale <input type="checkbox"/> Spinach <input type="checkbox"/> Parsley <input type="checkbox"/> Cilantro <input type="checkbox"/> Green or red leaf lettuce <input type="checkbox"/> Iceberg lettuce <input type="checkbox"/> Dandelion greens <input type="checkbox"/> Cabbage <input type="checkbox"/> Bok choy <input type="checkbox"/> Broccoli <input type="checkbox"/> Other	Frequency offered	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Occasionally <input type="checkbox"/> Rarely <input type="checkbox"/> Never, or not accepted
<b>Other Vegetables</b>	<input type="checkbox"/> Carrots <input type="checkbox"/> Sweet potatoes <input type="checkbox"/> cauliflower <input type="checkbox"/> beetroot <input type="checkbox"/> Squash <input type="checkbox"/> Zucchini <input type="checkbox"/> Other	Frequency offered	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Occasionally <input type="checkbox"/> Rarely <input type="checkbox"/> Never, or not accepted
<b>Fruits</b>	<input type="checkbox"/> Strawberries <input type="checkbox"/> Bananas <input type="checkbox"/> Grapes <input type="checkbox"/> Papaya <input type="checkbox"/> Mango <input type="checkbox"/> Apple <input type="checkbox"/> Citrus fruits <input type="checkbox"/> Blueberries <input type="checkbox"/> Other	Frequency offered	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Occasionally <input type="checkbox"/> Rarely <input type="checkbox"/> Never, or not accepted
<b>Supplements</b>	Calcium only powder or spray Calcium D3 powder or spray Other	Amount: Amount: Amount:	Frequency: Frequency: Frequency:
<b>Feeding schedule:</b>			
<b>Last time reptile fed?</b>		Last time reptile ate?	

ENVIRONMENTAL AND PREVIOUS MEDICAL HISTORY			
<b>Any cage mates?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Describe:</b>	
<b>If so, are they healthy?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If not describe:</b>	
<b>Other pets in the home?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Describe:</b>	
<b>Date of last shed?</b>		<b>Complete Shed ?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Any recent egg laying? Describe:</b>			

Check if you pet has, or has had any symptoms in the following areas.		
<input type="checkbox"/> Skin	<input type="checkbox"/> Airways/lungs	<b>Recent Changes in:</b>
<input type="checkbox"/> Scales	<input type="checkbox"/> Doppings faeces	<input type="checkbox"/> Weight
<input type="checkbox"/> Toenails	<input type="checkbox"/> Droppings urates	<input type="checkbox"/> Energy level
<input type="checkbox"/> Head or neck	<input type="checkbox"/> Legs or feet	<input type="checkbox"/> Appetite
<input type="checkbox"/> Lips or oral cavity	<input type="checkbox"/> Behaviour	<input type="checkbox"/> Thirst
<input type="checkbox"/> Throat	<input type="checkbox"/> Nasal passages or sinuses	<input type="checkbox"/> Voice change

**SALMONELLA ADVISORY WARNING**

Most, if not all reptile carry Salmonella bacteria in their intestinal tract and intermittently or continuously shed these bacteria in their faeces. Salmonella bacteria usually do not cause any illness in reptiles, but can cause serious illness in people. Salmonella bacteria are easily spread from reptiles to humans. Humans may become infected when they place their hands on objects, including food items, that have been in contact with the stool of reptiles, in their mouths. Please refer to the ARAV at <http://arav.org/salmonella-bacteria-reptiles> for further information.