

PATIENT LABEL

Where was pet obtained? _____

How long have you owned your pet? _____

HOUSING/ENVIRONMENT

Size and type of cage: _____

Cage bottom substrate: _____

How often is the cage cleaned? _____

What do you use to clean/as cleansers? _____

Location of pet's housing in your home: _____

Cage temperature: _____ How is it measured? _____

Is there a heat source? **Y / N** If so, type of heat source: _____

Cage humidity: _____ How is it measured? _____

Type of UV Light Source: _____ How often is the bulb changed? _____

Does your pet receive natural sunlight? **Y / N**

Light control cycle timer: Electric ___ Manual ___ Duration of light _____ hours Dark: _____ hours

Does your pet soak? **Y / N** How often? _____

When was the last soak? _____ Type/source of water: _____

Is your pet free to roam outside of his/her cage? **Y / N** How often? _____

Other types of reptiles/amphibians in the household an how long have they been in the household:

Do they have direct contact or share the same cage? **Y / N**

If there are other pets, please list: _____



Has your pet been out of the home in the last year (board, visit, pet store) **Y / N**

Where? _____

Has your pet been in contact with other reptiles outside of the home? **Y / N**

DIET

Pet's diet (types, amounts, frequency, live or pre-killed prey offered?):

Last time your pet ate/fed: _____

MEDICAL HISTORY

How often does your pet shed? (for lizards/snakes) _____

Any difficulty? **Y / N** Describe shedding problems: _____

Has this pet been examined by another veterinarian? **Y / N** Name: _____

Has your pet had any injuries, illnesses, or surgeries? **Y / N** Please describe: _____

Is your pet on any medications? **Y / N** Please list (type, amount, frequency): _____

Please describe any concerning problems: _____

When did you first notice the problem? _____

Has it gotten worse? **Y / N** If yes, how? _____

Have you (or your veterinarian) administered any medications or treatments? **Y / N**

Please list. Oral _____ Via Food/Water _____

Injection _____ Topical _____

Have the treatments helped? **Y / N** If so, how? _____



NAUTILUS
AVIAN & EXOTICS
VETERINARY SPECIALISTS

HERPTILE PATIENT QUESTIONNAIRE
