

# AMHERST VETERINARY HOSPITAL

## REPTILE QUESTIONNAIRE

Scanned \_\_\_\_\_

Date \_\_\_\_\_

File # \_\_\_\_\_

Last Name \_\_\_\_\_

Pet's Name \_\_\_\_\_

### **Diet**

What do you offer? What does pet eat?

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Frequency of feeding: \_\_\_\_\_

Are foods gut loaded? \_\_\_\_\_

Supplements: \_\_\_\_\_

### **Heating**

Source: \_\_\_\_\_

Example: heat mat, bulb, home heating

Temperature: \_\_\_\_\_ Cool side \_\_\_\_\_

Total Enclosure \_\_\_\_\_ Basking Area \_\_\_\_\_

### **Humidity**

Current Levels (%) \_\_\_\_\_

Source (*circle one*) Spray bottle /Fogger/Water dish/Other: \_\_\_\_\_

Frequency: \_\_\_\_\_

**Enclosure**

Size (gallons) \_\_\_\_\_ Dimensions (LxWxH) \_\_\_\_\_

Any plants? \_\_\_\_\_

Any other pets in same enclosure? \_\_\_\_\_

Where in house is enclosure placed? \_\_\_\_\_

Type of substrate/bedding: \_\_\_\_\_

Basking area: \_\_\_\_\_

**UVB lighting**

Type of bulb: \_\_\_\_\_

How close to pet? \_\_\_\_\_

Last bulb change/purchase: \_\_\_\_\_

**Cleaning**

How often is the substrate spot-cleaned? How often is it fully replaced?

\_\_\_\_\_  
\_\_\_\_\_

How often do you clean the entire cage and which product do you use?

\_\_\_\_\_

**Aquatic/Partly Aquatic species**

How high is the water in the tank? \_\_\_\_\_

What temperature do you keep the water at? \_\_\_\_\_

Do you use a filter? \_\_\_\_\_

How often do you change the filter? \_\_\_\_\_

How often do you change the water? \_\_\_\_\_

Percentage of water changed? \_\_\_\_\_

\_\_\_\_\_