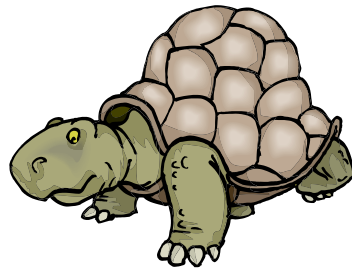
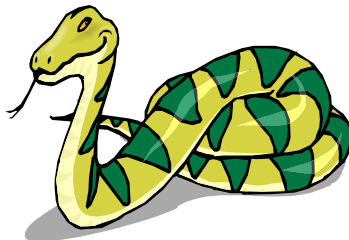
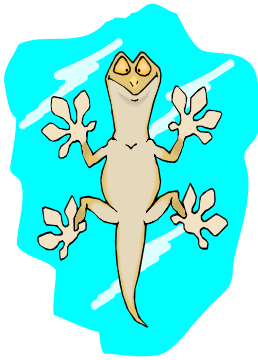




North Portland Veterinary Hospital
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Portland, OR 97217
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REPTILE QUESTIONNAIRE



Please fill out as much of the information below as possible. A full background history is essential in helping us work towards the diagnosis of any problem.

Name _____

PROBLEM

ANIMAL

Species _____

Pet Name _____

Age _____

Sex _____

Place of Acquisition _____

Age at Acquisition _____

Captive born/Wild caught _____

ENCLOSURE

Dimensions & Type _____

Substrate (bark chip/paper/sand/corncob etc) _____

Heat Source(s) _____

Temp Range/Cycle (Day/Night) _____

Any Temp change in winter? _____

Any UV light Source(s)? How often is it changed? _____

Photoperiod/Cycle _____

Humidity _____

Any Cage mates _____

Any Other Pets _____

Is Your Reptile Ever Allowed Outdoors? Type of enclosure/access to shade _____

What Disinfectant do you use to clean the cage? How often? _____

Does your reptile have a hide box? _____

Any branches? Type of wood _____

DIET

Diet/Proportions (please be as specific as possible)

Where do you buy the food from? _____

Frequency of feeding and replacement of old food _____

If Rodents fed: dead or alive? _____

Supplements/Treats/Frequency _____

Water Source _____

Do you ever soak or spray your reptile? How often? _____

HEALTH

Any previous illnesses? _____

How long has your reptile been ill? _____

Is it eating? If not when was the last time it ate? _____

Does it appear to be loosing weight? _____

Is it vomiting? _____

Is it producing feces? If so any evidence of
diarrhea? _____

If a snake, when was the last time it shed? Any problems shedding? _____

Does your reptile ever appear itchy (rubbing on rocks etc)? _____

Have you noticed any new lumps or bumps on your reptile? _____

Any difficulty breathing or discharge from the eyes or nose? _____

Has your reptile ever been wormed? If so, when? _____

Have you treated your reptile with any medications? If so, what and from
where? _____

Has your pet had access to any potential toxins e.g. grass treated with
herbicide/pesticide, toxic plants, foreign objects? _____
