



Webster Groves Animal Hospital

Reptile Health Care Questionnaire



Please fill out this Reptile Health Questionnaire. With your help, we can discover problems early while they can be handled more effectively and less expensively. Together, we can keep your pet's life happy and healthy.

Pet's Name: _____ Owner's Name: _____ Home Phone Number: _____

Species: _____ Age: _____ Sex: Male Female Unknown Microchip: YES NO

Reason For Visit: Annual Health Care New Pet Exam Sick Pet General Exam/Consultation Date: _____

Health History

Previous Health problems: _____

Have you noticed any of the following:

Decreased appetite	<input type="checkbox"/> YES <input type="checkbox"/> NO	Increased appetite	<input type="checkbox"/> YES <input type="checkbox"/> NO	Weight loss	<input type="checkbox"/> YES <input type="checkbox"/> NO
Decreased drinking	<input type="checkbox"/> YES <input type="checkbox"/> NO	Increased drinking	<input type="checkbox"/> YES <input type="checkbox"/> NO	Diarrhea	<input type="checkbox"/> YES <input type="checkbox"/> NO
Decreased defecation (solids)	<input type="checkbox"/> YES <input type="checkbox"/> NO	Increased defecation (solids)	<input type="checkbox"/> YES <input type="checkbox"/> NO	Eye problems	<input type="checkbox"/> YES <input type="checkbox"/> NO
Decreased urination(liquid/white)	<input type="checkbox"/> YES <input type="checkbox"/> NO	Increased urination(liquid/white)	<input type="checkbox"/> YES <input type="checkbox"/> NO	Nostril changes	<input type="checkbox"/> YES <input type="checkbox"/> NO
Decreased activity	<input type="checkbox"/> YES <input type="checkbox"/> NO	Increased activity	<input type="checkbox"/> YES <input type="checkbox"/> NO	Breathing problems	<input type="checkbox"/> YES <input type="checkbox"/> NO
Skin changes	<input type="checkbox"/> YES <input type="checkbox"/> NO	Egg laying	<input type="checkbox"/> YES <input type="checkbox"/> NO	Behavioral changes	<input type="checkbox"/> YES <input type="checkbox"/> NO
Shedding problems	<input type="checkbox"/> YES <input type="checkbox"/> NO	Lumps/Swellings	<input type="checkbox"/> YES <input type="checkbox"/> NO	Movement problems	<input type="checkbox"/> YES <input type="checkbox"/> NO

If "YES" to any of the above, please explain and include when changes occurred:

Current medications: _____

Husbandry

Any new reptiles? YES NO Date acquired _____ Other pets? YES NO
 Quarantined? YES NO What are they? _____

I. Temperature

Do you measure cage temperature? YES NO Overall Daytime Temperature _____
 Cage Wall Thermometer YES NO Infrared Thermometer YES NO Basking Site Temp (if known) _____
 Moveable Thermometer YES NO Digital Thermometer YES NO Nighttime Temperature (if known) _____
 Is the temperature lower at one end than the opposite? YES NO Range (if known) _____
 What methods do you use for providing heat?
 Heat bulb (red/blue/purple lamp) YES NO Under-tank heater YES NO Heat rock YES NO
 Heat emitter (ceramic, Infra-red Coil) YES NO Standard light bulb YES NO Mercury Vapor lamp YES NO

II. Humidity

Do you measure cage humidity? YES NO Overall Humidity (if known) _____
 Cage Wall Humidity Gauge YES NO Moveable Humidity Gauge YES NO Humidity Range (if known) _____
 Dial (Analog) Humidity Gauge YES NO Digital Humidity Gauge YES NO Humidity daily variation (if known) _____
 What methods to you use for providing humidity? (highest and lowest of day)
 Water dish YES NO Fogger YES NO How often do you spray/fog/mist/drip?
 Misting system YES NO Spraying enclosure YES NO
 Drip system YES NO

III. Available Water

Water turtles-see "Enclosure" below
 Do you provide a source of free water? YES NO
 Size (approx inches X inches) _____ Depth _____

Continued on Reverse

IV. Lighting

A. *Visible Light*: Do you provide a Light Source? YES NO

What type of lighting do you use?

Incandescent (standard) light bulb YES NO Size _____

Daylight bulb (Neodymium or blue-ish bulb) YES NO Size _____

Red/Blue/Purple bulb YES NO Size _____

Mercury Vapor Lamp YES NO Size _____

How long is the light turned "on" daily?

8-10 hours 10-12 hours 12 - 16 or more hours

Compact Fluorescent YES NO Size _____

Fluorescent Tube bulb YES NO Size _____

Metal Halide YES NO Size _____

B. *Ultraviolet-B*: Do you provide a UV-B Source? YES NO

How often do you change the UV-B light?

When it burns out Once every 6 months Once every year

Cage Covering

Screen Glass None (open)

Does your reptile ever go outside? YES NO

What type of UV-B Source do you use?

Compact Fluorescent YES NO Size _____

Fluorescent Tube bulb YES NO Size _____

Mercury Vapor Lamp YES NO Size _____

Metal Halide YES NO Size _____

Natural, unfiltered sun YES NO

V. Diet

Pellets YES NO

Fresh greens YES NO

Fresh vegetables YES NO

Fresh fruits YES NO

Crickets YES NO

Mealworms YES NO

Waxworms YES NO

Other invertebrates YES NO

Rats/Mice YES NO If "Yes": Live Pre-Killed

Other feeder YES NO

What Greens, Fruits or Vegetables?

Supplements

Calcium Powder YES NO Multivitamin Powder YES NO

With Vitamin D₃ YES NO

For any of these, how often?

Additional foods

How often do you provide the above foods?

VI. Substrate and Furniture

What do you use in the bottom of the cage?

Newspaper/paper towel YES NO

Aspen YES NO

Reptile Carpet YES NO

Soil YES NO

Bark YES NO

Ground coconut husk YES NO

Calcium Sand YES NO

Sand YES NO

Mulch YES NO

Ground walnut shell YES NO

Sphagnum/Moss YES NO

Gravel YES NO

What types of "furniture" do you use?

Wood caves YES NO

Artificial rocks YES NO

Live plants YES NO

Branches YES NO

Artificial plants YES NO

Other YES NO

Natural rocks YES NO Artificial wood objects YES NO

Describe:

VII. Enclosure

What Type of Enclosure do you use?

Glass Tank/Critter Cage YES NO

Glass Cage w/Doors YES NO

Custom/ Hand-made YES NO

Plastic tub YES NO

Screen Cage YES NO

Materials used

What is the size of the enclosure? Length _____ Width _____ Height _____

How often do you clean the enclosure?

Daily 2-3x per week Every 2 weeks < Every 2 weeks

What do you use?

For aquatic turtles only:

How deep is the water? Length _____ Width _____ Height _____ Actual Gallons of water in tank (not tank capacity) _____

What type of Filtration do you use?

Fish tank (over the side) YES NO

External Filter YES NO

How Often do you change the water?

Powerhead w/ sponge Filter YES NO

Multiple Stage YES NO

VIII. Choice

Do you feel the enclosure has enough variation in the above factors that your reptile can chose an YES NO area with **any** possible combination of temperature, humidity, light and UV exposure to meet its needs at any time?

Thank you for taking the time to complete this questionnaire. Please feel free to ask any questions about the topics on this form during your pet's exam.



WEBSTER GROVES
ANIMAL HOSPITAL
Caring for Pets