

BROOK-ELLIS PET HOSPITAL
REPTILE HISTORY QUESTIONNAIRE

NAME: _____ DATE OF BIRTH: _____

SPECIES: _____ SEX: _____

OBTAINED/BOUGHT FROM: _____

HOW LONG AGO: _____

DESCRIBE ENCLOSURE: _____

HEAT SOURCE: _____

THERMOMETERS: _____

WATER DISH: _____

SUBSTRATE BEDDING: _____

UV LIGHT SOURCE: _____

WHAT KIND OF LIGHT SOURCE: _____ HOW OLD: _____

DESCRIBE USUAL DIET: _____

ANY VITAMIN/MINERAL SUPPLEMENTS: _____

WHAT KIND: _____ HOW OFTEN: _____

PAST MEDICAL PROBLEMS: _____

DATE:

LAST ATE: _____ LAST BOWEL MOVEMENT: _____

LAST SHED: _____ LAST SOAK: _____

WHAT ARE WE SEEING YOUR PET FOR TODAY? _____

ADDITIONAL COMMENTS: _____
