Reptile Questionnaire

Date:_____ **Owne**r:_____ **Pet's Name**:_____

What type of reptile(s) do you have?_____

How long have you had this animal?_____

Approximate Age?_____

Where did you purchase your pet?_____

When was your pets last bowel movement?_____

Who is the animal's primary caretaker?_____

How much do you handle your pet?_____

How often do you clean your enclosure?_____

What products do you use to clean it?_____

Please describe the enclosure your pet is kept in: Include where enclosure is kept in the home, next to window, drafts, size of enclosure, etc.

_____

_____

_____

_____

_____

_____

_____

_____

_____

What type of lighting is used in the enclosure? Please include brand, UVB

_____

_____

What is your pet's diet?

_____

_____

What type of heat do you provide? Please include temperature, hot areas, cold areas etc.

_____

Do you soak your pet? Y / N If yes, how often?_____

Does your pet share an enclosure? Y / N Describe_____

What type of substrate is used in the enclosure?_____