

**Southlake Animal**  
**Hospital**  
Reptile Questionnaire

**Date:** \_\_\_\_\_ **Owner:** \_\_\_\_\_ **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 pet's 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.

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

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What is your pet's diet?

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

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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? \_\_\_\_\_