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Reptile Husbandry Questionnaire

Name of Pet & Owner's surname				
Species				
Age		years		months
Sex (please tick)	Male		Female	Unsure
How was the gender determined?				
Neutered (please tick)	Yes		No	
Date acquired (dd/mm/yyyy)				
Source (e.g. Breeder / Pet Shop)				
If previously owned do you have any details e.g. how long, wherekept, diet, any husbandry concerns?				
Any previous illnesses?				
When did you pet last shed its skin? (snakes and lizards only)				
When did you pet last hibernate? Please give details. (Tortoises only)				
Does your pets come into direct contact with any other pets, if so which ones?				
Have any new pets been introduced to the enclosure, if so what and when?				
What other animals are present in the same house? Please indicate those that are kept in the same room.				

Environment:

Please provide a photograph (preferred) or basic drawing (including position of lights, heating, food bowls, thermometers and basking spots.

Size (length x height x width)				
Substrate (what's on the floor of the viv)				
Do you use a thermometer? (please tick)	Yes		No	
What type of thermometer? (please tick)	Digital		Other	
Does it measure maximum and minimum temperatures? (please tick)	Yes		No	
How often do you measure temperatures?				
What have your recent temperature readings been? (state whether hotspot/coldspot)				
Do you measure humidity? (please tick)	Yes		No	
How often?				
What have your recent readings been?				
Do you have a humidity chamber/hide? (please tick)	Yes		No	
Does your pet go outside? (please tick)	Yes		No	
When and for how long?				

Aquatic pets only:

What filtration system do you use?	
How often do you change the water?	
Do you test the water?	
Do you treat the water with anything?	

Lighting and heating

How many lights and heat lamps do you have?	
For each light: What is the brand/make?	
What time do you switch the light on/off?	
How far away is it from your pet?	
When did you last replace the bulb (for lights)?	

Food

What do you feed your pet? How much and how often?	
Do you ever feed anything else?	
Where do you get the food from?	
Any supplements?	
Do you dust any insects? With what?	
Do you gut load any insects? With what?	
How do you provide water? How often is it changed?	
Does your pet get baths? How often and for how long?	

Current health problem(s)

What is your concern regarding your pet's health?

If so for how long has this been going on? Are any other pets affected?

Is there anything else you'd like to discuss?

If your pet has been treated at another vets previously, please let us know in advance of your appointment so we can obtain your pet's previous clinical notes