



SOUTH PEAK VETERINARY HOSPITAL, P.C.

REPTILE VISIT QUESTIONNAIRE

1. YOUR PETS NAME: _____ AGE: _____
2. SPECIES: _____ GENDER (if known): _____
3. WHERE DID YOU ACQUIRE HIM / HER? _____

4. DESCRIBE YOUR REPTILE'S DIET: _____

5. DESCRIBE HOW YOU HEAT THE ENCLOSURE: _____

6. DO YOU MEASURE THE TEMPERATURE & TEMPERATURE GRADIENT? (if so, how): _____

7. WHAT SUBSTRATE DO YOU USE ON THE CAGE BOTTOM? _____

8. HOW LARGE IS THE CAGE / ENCLOSURE?: _____
9. DO YOU PROVIDE NATURAL LIGHT, UV LIGHT OR BOTH?: _____
10. DO YOU BATHE HIM / HER? _____
11. DESCRIBE WHY YOU ARE BRINGING HIM / HER IN TODAY: _____

