

**Pet Name:** \_\_\_\_\_

**Client Name:** \_\_\_\_\_

**Species:** \_\_\_\_\_ **Color:** \_\_\_\_\_

**GENERAL QUESTIONS:**

1. Where did you purchase/adopt your pet? \_\_\_\_\_
2. How long have you owned your pet? \_\_\_\_\_
3. What other pets do you have? \_\_\_\_\_
4. If female, has she laid eggs? **YES NO** Last egg was laid when? DATE: \_\_\_\_\_
5. **REPTILES---** when was our last shed? \_\_\_\_\_
  - a. Describe the shed: \_\_\_\_\_
6. **REPTILES---** does your pet hibernate? If so, where and for what time period? - \_\_\_\_\_
7. How often does your pet receive a physical exam from a veterinarian? \_\_\_\_\_
8. Has your pet ever received any diagnostics such as blood work, intestinal parasite examination, or radiographs? \_\_\_\_\_

**FEEDING:**

1. What is your pet's primary diet? \_\_\_\_\_
2. Any additional treats? \_\_\_\_\_
3. How often is your pet fed? \_\_\_\_\_
4. Do you add vitamin and/or calcium supplements to the food? **YES NO** If so, how often \_\_\_\_\_
  - a. Any particular brand? \_\_\_\_\_
  - b. Any other supplements? \_\_\_\_\_
5. What type of water source is in the enclosure? \_\_\_\_\_
6. How often is the water source cleaned and changed? \_\_\_\_\_
7. What do you use to clean the water source? \_\_\_\_\_
8. Do you use tap or bottled water? \_\_\_\_\_
  - a. Do you add anything to the water? **YES NO** If so, what is it? \_\_\_\_\_
9. **REPTILES:** Do you feed frozen or live food? \_\_\_\_\_
10. Do you "gut load" live insects before feeding? **YES NO** How often? \_\_\_\_\_

**BATHING/SOAKING:**

1. If applicable, how often do you soak or bathe your pet? \_\_\_\_\_
2. Where (cage, shower, misting bottle, etc.)? \_\_\_\_\_
3. What do you bathe your pet with? (Water, diluted aloe vera juice, AviX rain etc.) \_\_\_\_\_

**LIVING ENCLOSURE:**

1. Where is your pet primarily housed?  Indoors  Outdoors  Free Roam in house
2. Is your pet housed with any other pets? \_\_\_\_\_
3. Please describe your pet's enclosure (Type: glass aquarium, wood frame with screen, etc. and dimensions):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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4. Decorations:

\_\_\_\_\_

5. Bedding: \_\_\_\_\_

a. How often changed? \_\_\_\_\_

6. Are there any heating elements? **YES NO**

a. How many? \_\_\_\_\_

b. What type and location? \_\_\_\_\_

c. Basking area temperature day \_\_\_\_\_ night \_\_\_\_\_

i. Is pet able to bask close to heat elements? **YES NO**

7. Temperature range in remaining enclosure? \_\_\_\_\_

8. Does your pet require humidity in enclosure? **YES NO**

a. Humidity % \_\_\_\_\_

9. What do you use as your humidity source and how often?

\_\_\_\_\_

10. Is there a UVA/UVB light source? **YES NO**

a. How often is the bulb replaced? \_\_\_\_\_

b. How many hours is the UVA/UVB on? \_\_\_\_\_

11. How often is your pet allowed to bask outdoors in the sun? \_\_\_\_\_

12. How often is the entire enclosure emptied and cleaned? \_\_\_\_\_

13. Do you use any cleaning products? **YES NO**

a. If yes, what cleaning products do you use? \_\_\_\_\_

14. Is enclosure allowed to dry completely? **YES NO**

15. Are there any rusted or broken areas? **YES NO**

a. If yes, does your pet have access to them? **YES NO**

16. Do you use any candles, other cleaning products, or aerosols around your pet? If yes, please list:

\_\_\_\_\_

17. Do you ever allow your pet to roam around the house? **YES NO**

18. Does your pet chew on any wires, furniture, clothes while wandering? **YES NO**

a. If yes, please list: \_\_\_\_\_

Do you have any specific questions or concerns you would like for us to address? **YES NO**

If so, please describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_