

## Reptile Husbandry Questionnaire

Patient's name: \_\_\_\_\_ Date: \_\_\_\_\_

Species: \_\_\_\_\_ Client Name: \_\_\_\_\_

Age: \_\_\_\_\_

Date you acquired them and source: \_\_\_\_\_

Husbandry:

Please describe your vivarium/terrarium in detail.

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Lighting:

Describe what sources of lighting you have, how long have you had them, how far away from your pet do they sit? How are they suspended? How many hours a day are your lights on/off? \_\_\_\_\_

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Temperature and gradient:

Please describe in detail your pets tank temperatures.

Daytime temperature on the hot side \_\_\_\_\_

Basking temperature \_\_\_\_\_

Temperature on the cool side \_\_\_\_\_

Night time temperatures \_\_\_\_\_

Humidity:

What is the humidity in your enclosure? \_\_\_\_\_

Do you have a humid or a hide hut? \_\_\_\_\_

Diet:

Describe your diet in detail:

Indicate amounts of food items, frequency of feeding, and any supplementation provided.

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Do you gut load your insects? If so, describe what you gut load with.

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What type of water source do you have available?

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What is the substrate that you use on the bottom of the terrarium?

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Explain frequency and form of cleaning the tank?

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When was your pet's last shed cycle? Have they had any issues with this in the past?

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