



Warren Woods Veterinary Hospital
29157 Schoenherr
Warren, Michigan 48088
586-751-3350

Reptile Introduction Questionnaire

Owner's Name: _____

Patient's Name: _____

Species: _____

Age: _____

Sex: Male Female Unknown

Historical Information

When did you acquire your pet? _____

Where did you acquire your pet? _____

Has your pet ever visited a veterinarian? _____

If so when and why? _____

Current Environment

What type of enclosure does your pet have? _____

What size? _____

What bedding is in your enclosure? _____

Are there decorations in the enclosure? _____

If so what kind? _____

Does your enclosure have any lights? _____

If so what type? _____

What is the temperature of your enclosure? _____

Does your pet have a water dish? _____

What is the humidity level of the enclosure? _____

What types of food do you offer? _____

How often do you feed your pet? _____

Do you add any supplements to the food? _____

If so what kind? _____

Is your pet housed alone? _____

If not what other animals are in the enclosure? _____

Additional Information: _____
