



Borash Veterinary Clinic
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REPTILE SURVEY

Name: _____ Age: _____ Date: _____

How long have you owned this pet?	
Have there been any changes in the following:	
<input type="checkbox"/> Appetite: increase or decrease	
<input type="checkbox"/> Water Intake: increase or decrease	
<input type="checkbox"/> Activity level: increase or decrease	
Symptoms that prompted today's visit?	
Has your pet laid any eggs recently?	
Medical history	
Has this pet been seen previously by a veterinarian: ____ YES ____ NO Where?	
Is your pet on any medications? ____ YES ____ NO - Type and dose:	
Is your pet on any supplements or vitamins? ____ YES ____ NO - Type and dose:	
Diet	
What brand of commercial / live diet does your pet eat?	
How much do you give per feeding?	How often?
What types of table food is given (IE fresh greens, fruits, etc)	
How much do you give per feeding?	How often?
Water	
How is water provided? (dish or bottle)	
How often is container filled?	How often is container cleaned?
Housing	
What is the type and size of cage?	
Type of substrate used?	
What type of heat source is used?	What type of light source is used?
High Temp (day/night)	Low Temp (day/night)
Frequency of cage cleaning?	
Is pet housed alone or with other pets?	
Exercise	
Method:	Frequency:
Handling	
How often is pet handled?	By whom?
How often is pet soaked?	Has pet shed recently?
Are you aware that reptiles carry <i>Salmonella</i> bacteria? ____ YES ____ NO What precautions do you take?	