



SMALL MAMMAL & REPTILE QUESTIONNAIRE

CLIENT NAME:

PET NAME:

TYPE OF PET:

AGE:

Reason For Visit

General wellness exam

Eye problems

Discharge from eyes or nose

Ear problems

Coughing

Sneezing

Lameness

Lethargy/weakness

Change in quantity or consistency of stools

Teeth protruding from mouth

Difficulty eating

Excessive salivation

Not eating or eating less

Sores or swelling around mouth

Difficulty breathing

Distended abdomen

Hair loss or sores

How long have you noticed these signs?

How long have you owned your pet?

Weeks

Months

Years (Check One)

Where did you obtain your pet?

Pet Store

Friend

Breeder

Other:

What do you feed your pet?

How often do you feed your pet?

When did you last feed your pet?

Briefly describe the cage your pet lives in:

Wire bottom

Solid flooring

Aquarium

Other

Has a place to hide

Where is the cage located?

Type of bedding used on bottom of cage

Water source

Bowl

Bottle

Disinfectant used to clean cage

Temperature in cage (reptiles)

Min

Max

Basking Area

When was the last shed (reptiles)?

Was it normal?