

## Exotic Questionnaire

**Patient Name:**

**Species/Breed:**

**Sex (Please Circle One):**

Male / Female / Unknown

**Is your pet spayed** (female) **or neutered** (male)?

Yes or No

**Origin of pet:**

Wild Caught / Breeder

**Length of ownership:**

**Age:**

### Environment

Cage size?

Where is the enclosure housed?

Percentage of day confined to enclosure vs. free roaming?

How often is cage cleaned?

What is used to clean the cage?

What substrate/bedding is used in the enclosure?

Types of perches (if applicable)

How often are perches rotated?

### Diet

What food (include brand) is the pet provided?

Please list all food items offered:

If possible, please list the percentage each category of food comprises:

% commercial diet

% vegetables

% fruit

% prey items

What does the pet actually eat? (Please list all food items pet eats.)

How are non-commercial diet foods prepared?

How frequently is water offered?

If applicable, does pet have adequate space/water for soaking?

### Medical History

When and where was your pet last seen?

Is your pet currently on any medications? (If so, please list medication, dosage, frequency and where medication was prescribed.)

**Enclosure Humidity / Temperature (if applicable)**

What is the relative humidity of the enclosure?
How is humidity determined?
What is the temperature gradient of the enclosure?
How is temperature measured?
What type of heat source is utilized?
Exposure to light? No or Yes. If yes, the amount of exposure daily?
When was UVB bulb last changed?
<b>Bathing Habits (if applicable)</b>
How often is pet bathed?
What is used to bathe pet?
<b>Enrichment</b>
Please circle all that apply, and elaborate on the lines following:
<i>Foragers / Shreddable Toys / Puzzle Toys / Target Training / Other:</i>
Other access outside of normal enclosure? (Examples; Play perches, floor, tables, outside, vacation home, etc.)
<b>Other</b>
Pets in Household Species:
Age(s):
Amount of contact between other pets and above patient:
Any known diseases with any other pet(s) within the household:
<b>Visit</b>
What is the primary reason for your appointment today?
If applicable, how long has this been a concern(s)?
If applicable, what treatment has your pet received for current medical concern(s)?
What other medical or behavioral concerns do you have (related or otherwise)?
Anything else that you would like us to be aware of regarding your pet?