

1. Patient Name: \_\_\_\_\_
2. Species: \_\_\_\_\_
3. Sex (circle one): M / F / Unknown
  - a. If known, how was it determined? \_\_\_\_\_
4. Is your pet spayed (female) or neutered (male)? \_\_\_\_\_
5. Origin of pet (wild caught, breeder, pet store): \_\_\_\_\_
6. Length of ownership: \_\_\_\_\_

Environment:

1. Cage
  - a. Size of cage: \_\_\_\_\_
  - b. Where is the enclosure housed? \_\_\_\_\_
  - c. % of day confined to enclosure/ free roaming: \_\_\_\_\_
  - d. How often is the cage/water cleaned: \_\_\_\_\_
  - e. What is used to clean the cage: \_\_\_\_\_
  - f. What substrate/bedding is used in the enclosure
2. Enclosure humidity (if applicable)
  - a. What is the relative humidity of the enclosure
  - b. How is the humidity determined
3. Enclosure temperature (if applicable)
  - a. What is the temperature gradient of the enclosure? Day: \_\_\_\_\_ Night: \_\_\_\_\_
  - b. How is the temperature measured?
  - c. What type of heat source is utilized?
4. Exposure to light
  - a. Type of light (circle those that apply): Natural/Fluorescent/UVB/Other:
  - b. Brand of lighting:
  - c. Amount of exposure to each daily
  - d. When was UVB bulb last changed (if applicable)
5. Bathing habits
  - a. How often is pet bathed?
  - b. What is used to bathe pet?
6. Other access/environments (play perches, floor, tables, outside, vacation home, etc.)
7. Are you aware of any exposure your pet may have had to the following (Please circle all that apply)? Teflon cook wear/smoke/strong cleaning agents/aerosols/other

Diet:

1. What food (including brand) is the pet provided? Please list all foods offered. List percentage of each category, if possible (i.e. % pellets, % seed, % vegetables, % fruit, % prey items)
2. What are the 3 most consumed of these foods?
3. How are non-commercial foods prepared (raw, cooked, etc.)
4. Access to fresh water
  - a. How frequently is water offered
  - b. How frequently are water bowls cleaned
  - c. If applicable, does pet have adequate space/water for soaking