



247 Regency Circle  
Lexington, KY 40503

## Reptile Questionnaire

- 1.) Where and when did you acquire your reptile?
- 2.) Please list other pets in your household.
- 3.) Is anyone who is immune-suppressed, elderly, or a child under the age of 5 exposed to your reptile?
- 4.) Are you familiar with salmonella which most, if not all, reptiles carry and its risks?
- 5.) What kind of enclosure does your reptile live in? Size?
- 6.) What type of bedding do you use? How often is it cleaned?
- 7.) What is the ambient temperature in the enclosure? Day High: \_\_\_\_\_ Day Low: \_\_\_\_\_  
Night High: \_\_\_\_\_ Night Low: \_\_\_\_\_
- 8.) Please list all heat sources:
- 9.) What is the humidity level? \_\_\_\_\_%
- 10.) List all water sources:
- 11.) What do you feed your reptile? Any supplements? How often?
- 12.) When did your reptiles last shed?
- 13.) Do you use a UVA/UVB light? When was it last changed?