

907-841-7498
jonathansreptiles@yahoo.com
www.jonathansreptiles.com



Jonathan's Reptiles

Reptile Boarding Questionnaire

Arrival Date: _____ Departure Date: _____ Price Quoted: _____

Owner Name: _____ Reptile Name: _____

Address: _____

Phone # (s): _____ Text okay? YES / NO

Email Address: _____

Emergency Contact Name (ability to make pet decisions on your behalf): _____

Emergency Contact Phone #: _____

Reptile Breed: _____ Reptile Age: _____

Reptile Morph (if applicable): _____ Reptile Sex: Male / Female / Unknown

How long have you had your reptile? _____ Is your reptile handle-able? YES / NO / KINDA

Where did you obtain your reptile? _____

What type of food is your reptile eating? (be specific - ex: frozen/thawed pinky mice, fresh kale)

Snakes only If fed live, can/will your snake take frozen/thawed rodents? YES / NO

How often do you feed your reptile? _____

When was your reptile last fed? _____ When did your reptile last shed? _____

Describe your reptile's temperament:

Does your reptile have a history of, or currently have, any of the following:

	<u>Has Had</u>	<u>Does Have</u>
Respiratory Infection	YES / NO	YES / NO
Mouth Rot	YES / NO	YES / NO
Scale Rot	YES / NO	YES / NO
Metabolic Bone Disease (MBD)	YES / NO	YES / NO
Abscess(es)	YES / NO	YES / NO
Prolapse	YES / NO	YES / NO
Malnutrition	YES / NO	YES / NO
Obesity	YES / NO	YES / NO
Egg Bound	YES / NO	YES / NO
Yellow Fungus	YES / NO	YES / NO
Regurgitation	YES / NO	YES / NO
If YES, when? _____		
External or internal parasites (Mites, Coccidia, etc.)	YES / NO	YES / NO
If YES, please list: _____		
Neurological Issues (IBD, Spider Wobble, etc.)	YES / NO	YES / NO
If YES, please list: _____		

List any deformities, scars, markings, and/or defects (including missing tail) - if applicable:

Does your reptile have any special needs? _____

Does your reptile need any medication? (if so describe) _____

Has your reptile been eating, drinking, urinating, defecating and otherwise acting normal over the last month? Please note any changes, even if subtle: _____

Previous Veterinarian (if applicable): _____

Owner Signature: _____

Date: _____