Reptile Boarding Questionnaire Form

PET AND OWNER INFO

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

Pickup and drop off times will be arranged once we confirm your booking though payment of boarding fees.

Owner Name: _____ Reptile Name: _____

We send daily photo and/or video clips of you pet to your choice of communication:

☐ **Text** ☐ **Facebook Business messenger** ☐ **Email**

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** ☐ **Kind of??**

Where did you obtain your reptile? _____

FEEDING

** Snakes only: Please note we only feed prekilled/Frozen Thawed (FT) prey. If your animal is not currently on prekilled/FT, will it take prekilled/FT? ☐ **Yes** ☐ **No**

If not, we cannot feed your animal during its stay, which will limit how long we can keep it.

All other reptiles:

How often do you feed your animal? _____ When was your animal last fed? _____

Do you have a recent feeding log you can provide? ☐ **Yes** ☐ **No**

Screenshots of digital logs or photo of paper logs will suffice.

What type of food is your reptile eating (be specific: e.g. FT prey-sized in grams, kale, dubia, etc):

_____

_____

What is your feeding schedule for your pet. **Include any supplements and the schedule.**

_____

_____

Slither Inn Reptile Room
Fairbanks, Alaska
https://SlitherInnReptileRoom.com
Joyce@SlitherInnReptileRoom.com

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HEALTH, TEMPERMENT AND HISTORY

When did your animal last shed? _____ Does your animal need extra help during shedding? _____

Describe your animal's temperament: _____

_____

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

_____

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

_____

Does your reptile have any special needs?

_____

Does your animal have a history of, or currently have, any of the following?

	Has had in past	Does currently have
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
Abscesses	☐ 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	☐ Yes ☐ No	☐ Yes ☐ No
If Yes, please list:		
Neurological issues (IBS, spider wobble, etc.	☐ Yes ☐ No	☐ Yes ☐ No
If Yes, please list:		
	☐ Yes ☐ No	☐ Yes ☐ No

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

Who is your current veterinarian? Include full name and phone number please:

_____

Owner signature: _____

Owner name, printed: _____ Date: _____

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