

Slither Inn Reptile Shop
Reptile Boarding Questionnaire Form

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

Owner Name: _____ Reptile Name: _____

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 Kindof??

Where did you obtain your reptile? _____

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

**** 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.

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.

When did your animal last shed? _____

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	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mouth Rot	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Scale Rot	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Metabolic Bone Disease (MBD)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Abscesses	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Prolapse	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Malnutrition	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Obesity	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Egg bound	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Yellow Fungus	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Regurgitation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, when?		
External or internal parasites	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please list:		
Neurological issues (IBS, spider wobble, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please list:		
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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: _____