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| **Turtle husbandry questionnaire**Many health problems in turtles can arise from inappropriate husbandry. By filling out the information below, to the best of your ability, we can more accurately identify your turtle’s health problem/s. | | | | | | | |
| **GENERAL** | | | | | | | |
| Name: | | | | | | | |
| Species/breed: | | | | | | | |
| Age/date of birth: | | | | | Is age accurate or estimate? | | |
| Gender (note method that gender was identified): | | | male | | female | | unknown |
| How long have you owned your turtle? | | | | | | | |
| Where did you obtain your turtle? | | | | | | | |
| Do you own any other turtles/reptiles/pets? | | | | | | | |
| **HOUSING** | | | | | | | |
| Enclosure/tank/pond size and material: | | | | | | | |
| Does your turtle live indoors or outdoors? | | | | | | | |
| Water depth and volume in litres: | | | | | | | |
| Tank substrate: | | | | | | | |
| Turtle dock area (size, fixed or free-floating): | | | | | | | |
| TEMPERATURE: | | | | | | | |
| What device/s is/are used to measure temperature? | | | | | | | |
| Is it measured continuously or intermittently? | | | | | | | |
| * Basking spot temp: oC | | | | | | | |
| * Water temp: oC | | | | | | | |
| HEAT:  How is heating provided?   * At the basking spot: * In the water:   Is heating thermostatically controlled? | | | | | | | |
| UV:  How is UV light provided? (type of light/brand, frequency changed) | | | | | | | |
| What is the day/night cycle? | | | | | | | |
| Are there any other light sources? | | | | | | | |
| If indoors, does your turtle get taken outside in the sun? | | | | | | | |
| WATER: | | | | | | | |
| Type of filter | |  | | | | | |
| How often is the filter cleaned? | |  | | | | | |
| What is the filter cleaned with? | |  | | | | | |
| How often is water change done? | |  | | | | | |
| What percentage of water is taken out? | |  | | | | | |
| Water quality testing | | Readings obtained | | | | | |
| Not tested | | | | | | | |
| pH | |  | | | | | |
| Ammonia | |  | | | | | |
| Nitrite | |  | | | | | |
| Nitrate | |  | | | | | |
| Other parameters | |  | | | | | |
| Is a water conditioner added at time of water change or water top-ups? | | | | | | | |
| Are there any other water additives that are regularly added to your turtle’s tank? | | | | | | | |
| Have any over-the-counter medications or water additives been added to your turtle’s tank in the last 2 months? | | | | | | | |
| Furniture (describe types and material of furniture, logs, rocks, etc): | | | | | | | |
| **DIET** | | | | | | | |
| Which of the following do you feed your turtle? | Description/brand | | | Amount fed | | Frequency fed | |
| Insects  Are insects gut-loaded?  If so, what product is used? |  | | |  | |  | |
| Other invertebrate prey (eg. snails, yabbies) |  | | |  | |  | |
| Whole prey (eg. fish) |  | | |  | |  | |
| Turtle pellets |  | | |  | |  | |
| Vegetables/fruit |  | | |  | |  | |
| Water plants |  | | |  | |  | |
| Supplements |  | | |  | |  | |
| Other |  | | |  | |  | |
| **BEHAVIOUR** | | | | | | | |
| Does your turtle have any behavioural problems that concern you? | | | | | | | |
| **ADDITIONAL INFORMATION** | | | | | | | |
| If there are any other important aspects of your turtle’s husbandry, please note them here: | | | | | | | |
| When did your turtle last shed? | | | | | | | |
| What is the primary reason for your turtle’s vet visit? | | | | | | | |
| Is your turtle currently on any medications? | | | | | | | |
| If possible, please bring photos of your turtle’s housing.Thank you. We look forward to meeting you soon. | | | | | | | |