Reptile Relinquishment Questionnaire
Please complete this form as thoroughly and honestly as possible.

Owner Information:
Full Legal Name: ________________________________________________________________
Maiden Name or Other Names used: ________________________________________________
Address:
________________________________________
Street Address
City
State
ZIP Code
Phone: ___________________________ Secondary Phone: ___________________________
Email: ___________________________ Secondary Email: ___________________________

Have you ever adopted an animal from CCHS? □ Yes □ No
Have you ever relinquished an animal to CCHS? □ Yes □ No

Animal Information - General:
Why are you surrendering this pet? ________________________________________________
____________________________________________
Pet’s Name: ___________________________ Nickname(s): _____________________________
Age or approximate age: __________ How long have you owned this animal? __________
Species and morph of reptile: ______________________________________________________
Is this animal a: □ Male □ Female □ Unsure
Has this reptile’s sex been verified by a licensed exotics veterinarian? □ Yes □ No □ Unsure

Where did you acquire this animal?
□ CCHS □ Shelter or Rescue □ Found as a stray □ Friend/relative □ Pet store
□ Breeder □ Newspaper Ad □ Born in my home/on my property □ Craigslist
□ Other ______________________________________________________________

If you obtained this animal from a shelter, breeder, rescue group, or pet store, please provide name and
location: ________________________________________________________________
Medical History:

Have you ever taken this animal to a veterinarian or vet clinic? □ Yes □ No

Name of Veterinarian/Vet Clinic: __________________________ Date of last exam: ____________

Are veterinary records in your name? □ Yes □ No

If no: Whose name are they under? __________________________

Does this animal have any medical problems? □ Yes □ No □ Unsure

If yes: Please explain: ______________________________________

Please check all conditions that this animal has been diagnosed with or treated for:

☐ Metabolic Bone Disease (MBD)  ☑ Incomplete or abnormal shedding  ☐ Scale rot

☐ Egg retention  ☐ Intestinal parasites (e.g. tapeworms, roundworms, etc.)

☐ External parasites (e.g. mites, ticks, etc.)  ☐ Internal or external abscesses

Other: __________________________________________________________

Has this animal ever laid eggs? □ Yes □ No □ Unsure

Approximately when was this animal’s most recent shed? __________________________

Approximately when is the last time this animal has defecated? __________________________

Care and Husbandry:

What type of enclosure did this animal live in?

☐ Horizontal (long) terrarium  ☑ Vertical (tall) terrarium  ☐ Open air terrarium

☐ Fiberglass terrarium  ☐ Plastic tub

What size enclosure did this animal live in? __________________________________________

What type of substrate was used in this animal’s enclosure?

☐ Reptile carpet  ☐ Newspaper  ☐ Loose substrate (e.g. aspen, cocoa fiber, repti-bark, etc.)

☐ Ceramic tiles  ☐ Sand  ☐ Other: __________________________________________

Overall, what temperature range was this pet’s enclosure kept at? __________________________

What temperature was the basking area kept at? __________________________________________

Has this animal been provided with UVB? □ Yes □ No □ Unsure

What humidity levels were this pet’s enclosure kept at? __________________________

What have you been feeding this animal? (Check all that apply)

☐ Commercial diet  ☐ Fresh fruits/vegetables  ☐ Crickets  ☐ Mealworms  ☐ Waxworms

☐ Superworms  ☐ Dubia roaches  ☐ Black soldier fly larvae  ☐ Fruit flies

☐ Hornworms  ☐ Frozen/thawed pinkies  ☐ Frozen/thawed mice  ☐ Frozen/thawed rats

Other: __________________________________________________________

When was the last time this animal ate? __________________________________________

How frequently is this animal being fed? __________________________________________

What amount of prey food is being offered to this animal at a time? __________________________

Please list any vitamins/supplements this animal has been receiving: __________________________
Personality Profile:

Has this animal ever bitten anyone?  
☐ Yes  ☐ No
If yes, please describe what happened: ________________________________________________________________

______________________________________________________________________________________________

How does this animal act around adults? (Check all that apply)
☐ Friendly  ☐ Playful  ☐ Calm  ☐ Tolerates handling  ☐ Indifferent  ☐ Avoidant
☐ Fearful  ☐ Timid/shy  ☐ This animal is not handled
☐ Acts aggressively (Please explain): ________________________________________________________________

☐ Other: ________________________________________________________________

How does this animal act around children? (Check all that apply)
☐ Friendly  ☐ Playful  ☐ Calm  ☐ Tolerates handling  ☐ Indifferent  ☐ Avoidant
☐ Fearful  ☐ Timid/shy  ☐ This animal is not handled
☐ Acts aggressively (Please explain): ________________________________________________________________

☐ Other: ________________________________________________________________

Has this animal ever been housed with other animals of the same species?  ☐ Yes  ☐ No
If yes, how did they act around animals of its own kind? (Check all that apply)
☐ Indifferent  ☐ Avoidant  ☐ Aggressive  ☐ Territorial  ☐ Other: ________________________________________________________________

Has this animal been around other animals of a different species?  ☐ Yes  ☐ No
What species of animal(s)?  ☐ Cats  ☐ Dogs  ☐ Other: ________________________________

If yes, how does this animal act around other species of animals? (Check all that apply)
☐ Indifferent  ☐ Avoidant  ☐ Aggressive  ☐ Territorial  ☐ Other: ________________________________________________________________

How much time does this animal spend outside of their enclosure?
☐ They are always caged  ☐ A few hours per week  ☐ A few hours per day  ☐ They are never caged

Additional Comments:

Please add additional information/comments that would be helpful to the CCHS staff:
______________________________________________________________________________________________

______________________________________________________________________________________________

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