

Lizard History/Husbandry Form

Client Name _____ Pet Name _____ Date _____

Type of reptile _____ Age _____ Sex M F U Was a blood test or sexing performed? Y N

Animal is a: Pet Breeder

Does pet have a microchip? Yes No If yes, what is the microchip number? _____

Background:

Length of time owned _____ Where did you acquire pet? _____

How often is pet handled? Daily Occasionally Never

Husbandry:

Housed: Indoor Outdoor Does pet roam free in house? Yes No Occasionally

Is a UV-B light offered? Yes No If yes how often is the bulb changed? _____

Type of caging: _____ Size of caging: _____ Cage location: _____

Cage Substrate: _____ How often is cage cleaned? _____

What is used to clean cage? _____

Who is housed with pet? housed singly with a cage mate If cage mate how many? _____

Do other pets interact with this pet? Yes No If yes, specify _____

Other pets in the house? Yes No If yes, specify type and amount: _____

Any new additions to the pet population? Yes No If yes, specify _____

Were new pets quarantined? Yes No Length of time? _____ How? _____

Light cycle: _____ Type of lighting: _____

Heat source: _____ Humidity level: _____

Temperature cage minimum: _____ Maximum: _____ Basking area: _____

How often is pet soaked? _____

Nutrition:

Is pet eating well? Yes No Is pet drinking well? Yes No

Type of food offered:

Insects? Yes No If yes, which type _____ Amount fed/frequency _____

Are insects gut loaded? Yes No If yes, what is brand of gut loading formula _____

Small mammals? Yes No If yes, which type _____ Amount fed/frequency _____

Any other prey type of food offered? _____

How are they offered? Alive Deceased If deceased is it: Frozen-thawed or Freshly killed

Fresh Fruits/Vegetables? Yes No If yes, which type _____ Amount fed/frequency _____

Supplements/Vitamins? Yes No If yes, which brand _____ Amount fed/frequency _____

Water source? _____ How often is water changed? _____

Reason for visit:

Which type of visit is this? Wellness OR Sick/behavior Issue If sick/behavior issue please explain: _____

How long has pet had this issue? _____ Are other pets in house having the same issue? Yes No

Describe the pet's feces: _____

Last time pet passed stool? _____

Last time pet shed? _____

If pet is a Bearded Dragon, has it been tested for Atadenovirus? Yes No If yes, when? _____ What were the results? _____

Has there been any heat seeking behavior? Yes No If yes please explain: _____

Any Recent travel? Yes No If yes when and where? _____

Any Known medication reactions? Yes No If yes please explain: _____