

## 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: \_\_\_\_\_