## HOSPITAL REGISTRATION FORM FOR YOUR LIZARD

To assist us in keeping your lizard healthy, please complete this form and, if necessary, use the additional space on the back of the pages. Please answer as many of the questions as possible.

| Owner's nan                | ne                                     |                   |  |   |
|----------------------------|--|-------------------|--|---|
| Address                    |  |                   |  |   |
|                            |  |                   | Telephone r                            | 10                                      |
| Name of liza               | ırd                                    | Date              | of acquisition                         |   |
| Species                    |  | Age               | Sex                                    |   |
| Source:                    | Pet shop                               | Friend            | Breeder                                | Other (please give details)             |
| Do you keep                | o other reptiles?                      |                   |  |   |
| If so, please<br>recently. | give details of the                    | neir type, sex, o | date of acquisitior                    | n and any problems they have had        |
| What other p               | oets do you have                       | 9?                |  |   |
| Your lizar                 | d's environn                           | nent              |  |   |
| Are there sm               | nokers in the hou                      | use?              |  |   |
|                            |  |                   | es allowed to war<br>ccess to? e.g. ca | nder in the house?<br>It litter.        |
|                            | e vivarium? – Dra<br>puble-glazed?), c |                   |  | ck of this page indicating how close ar |
| How is the ro              | oom/house heat                         | ed e.g. centrall  | y by radiators, sto                    | orage heaters, ducted warm air?         |
| What plants                | does your lizard                       | have access to    | 0?                                     |   |
| Describe any               | y changes in hou                       | usehold since y   | ou acquired your                       | · lizard.                               |

## Size and type of cage

How often is the water changed?

| Please describe the cage and its dimensions, and draw a plan on the back of this page. Perhaps you have a photograph that we may have. |
|--|
| How often do you check the cage?   |
| How is the cage cleaned? How often?  |
| Substrate  |
| What is the cage substrate (type and depth)?   |
| How often is the substrate changed?  |
| Hides  |
| What is the cage furniture e.g. hide box, climbing branches, rocks? Include these in the cage plan.                                    |
| How often are these cleaned and how?   |
| Heat sources   |
| Describe the heating of the vivarium.  |
|  |
| Are there thermometers and, if so, where are they positioned?  |
|  |
| Lighting   |
| Describe the lighting (including UV and access to natural sunlight).   |
| How long is your lizard kept in the light (both natural and artificial)?   |
|  |
| Water  |
| What is the water source and where is it in the cage?  |

| How often do you check your lizard?   |
|---|
| How often is your lizard handled?   |
| Reproduction  |
| What is your lizard's breeding history?   |
| Does it display sexual activity?  |
| Has your lizard laid eggs? If so, when and how many?  |
| Food  |
| What diet do you feed? Indicate the percentage of the diet that each item occupies.                               |
| List any supplements, vitamins, minerals, tonics, medicines, probiotics etc. Are these given in food or in water? |
| How long have you fed this diet?  |
| What was the previous diet?   |
| What is your lizard's favourite food?   |
| Skin  |

Your lizard

Describe the skin shedding.

## **Medical history**

| Who are the veterinary surgeons that have previously treated your lizard? |  |  |  |  |  |  |
|---|--|--|--|--|--|--|
|   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| List all past medical problems, including dates and medications.          |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| Is there anything else that you think is important for us to know?        |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |