

Warranwood Veterinary Centre

The Best of Care for People and their Pets

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 in detail as many questions as possible.

Owner's name Mr / Mrs / Ms / Miss

Address

..... Post Code

E-mail

Home Number Mobile Number

Name of Lizard Species Age

Sex M / F

Date of Purchase / How long have you had your lizard?

Source: Pet shop Friend Breeder Other (please specify)

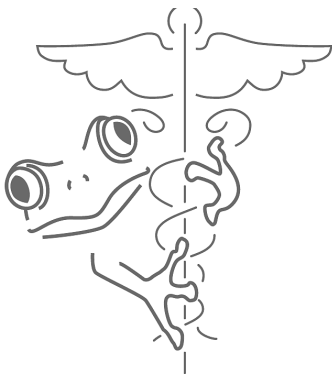
How did you hear about us? Friend Other Clinic Internet

Other (please specify)

Do you keep other lizards / reptiles?

If so, please give details of their type, sex, date of acquisition and any problems they have had recently.

What other pets do you have?



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YOUR LIZARD'S ENVIRONMENT

Is the lizard confined in a vivarium or at times allowed to wander in the house? If allowed out, what does your lizard have access to? e.g. cat litter.

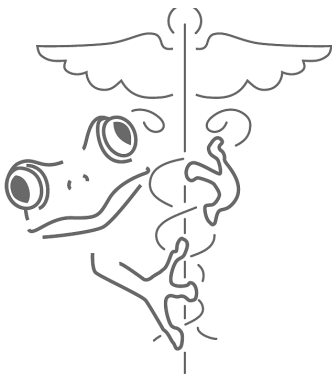
Where is the vivarium? – **Draw a plan of the room** indicating how close are windows (double-glazed?), doors and sources of heat.

What plants does your lizard have access to?

Describe any relevant changes in household since you acquired your lizard.

Size and type of Enclosure

Please describe and **draw a plan** of the cage and its dimensions.



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How often do you check the cage?

How is the cage cleaned? How often? What disinfectant do you use?

Substrate (Material on bottom of enclosure)

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.

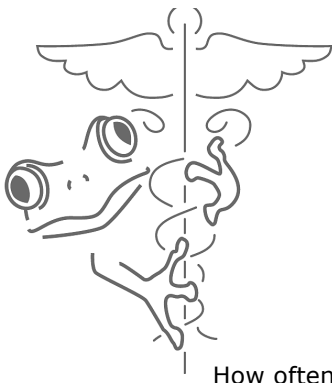
Are there thermometers and, if so, where are they positioned?

What is the **temperature gradient** (Highest & Lowest temperature points in the enclosure – *NOT what the thermostat is set on*) of the enclosure? Eg 33C – 20C

Lighting

Describe the lighting, including UV (***specific brand used & strength and when last changed***) and access to natural (NOT through glass or Perspex – direct sunlight).

How long is your lizard kept in the light (both natural and artificial)?



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Water

What is the water source and where is it in the cage?

How often is the water changed?

YOUR LIZARD

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?

If female, has your lizard laid eggs/had young? If so, when and how many?

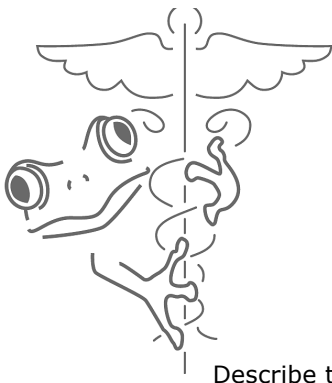
FOOD

What diet do you feed? **How often** 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?



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What is your lizard's favourite food?

Skin

Describe the skin shedding.

MEDICAL HISTORY

When was the last faecal & blood examination of your lizard performed? (*We recommend twice-yearly faecal & once yearly blood examination*)

Who are the veterinary surgeons that have previously treated your lizard?

Briefly list all past medical problems, including dates and medications.

Describe the current problem with your lizard (ie why you are here!) **How long** has it been going on, signs, treatments etc.

Is it getting worse/better/same?

Is there anything else that you think is important for us to know?

THANK YOU FOR FILLING OUT THIS DETAILED FORM!

***Please note that payment is required at time of consultation
We do not accept cheques***

Payment Method (***Please circle***):

CASH

EFTPOS

CREDIT CARD