



LIZARD CASE HISTORY INFORMATION FOR CLIENTS

SPECIES _____ AGE _____ SEX *MALE/FEMALE*

WEIGHT _____ kg. SNOUT/CLOACA LENGTH _____ .cm.

CONTACT WITH OTHER REPTILES *YES/NO*

IF YES SPECIES _____ SEX *MALE/FEMALE*

HOW LONG OWNED _____ *CAPTIVE BRED/ IMPORTED/ UNKNOWN.*

SOURCE WAS *PET SHOP/ BREEDER/ FRIEND /OTHER*

IDENTIFICATION/ NUMBER (MICROCHIP ETC) _____

POSITION OF ID _____

VIVARIUM SIZE AND MATERIAL _____

SOURCE OF HEATING _____

TEMPERATURE RANGE DAY _____ NIGHT _____

THERMOSTAT *YES/NO* THERMOMETER *YES NO* UV LIGHT MAKE _____ LAST CHANGED _____

DIET (FULL DETAILS INCLUDING SOURCE) _____

SUPPLEMENTS _____ LAST GIVEN _____

HOW IS WATER OFFERED _____

DROPPINGS (DETAILS, COLOUR CONSISTENCY, NORMAL/ABNORMAL) _____

WHEN LAST PASSED _____

URINE _____ URATES _____ FAECES _____

PREVIOUS HISTORY OF ILLNESS OR INJURY _____

OWNERS CURRENT CONCERN _____