PHS SINGLE LIZARD PROFILE

Separate form for each pet: __of__

Date: ________________________ Account # _________________

Owner: ______________________________Pet Name: ____________________

Length of Time Owned: ________ Sex: M/F

Birth date: __________ Or Age: ______ Weight: ______ Or Size: _________

Description: ____

Vaccinations (month/yr): __________

License #: ___________________ Microchip/Tattoo/Tag #: ____________

Pet Medical History: (ongoing or reoccurring known illnesses/injuries, treatments & medications)____

____

Emergency Care *(__Only__ if different from primary Vet listed on client profile)*

Vet Name: _______________________ Clinic Name: ______________________

Phone: _________________________ Location: ________________________

Feeding Instructions:

☐ Feed apart from other pets/supervise ☐ Dispose of uneaten food

☐ Remove food after ____ Min

☐ **Fresh** Insects: Fruit: Veg: Where to feed:		☐ Morning ☐ Afternoon ☐ Dusk ☐ Night	Procedure:
☐ **Live-Frozen** Type: Warmed: Amount: Where to feed:		☐ Morning ☐ Afternoon ☐ Dusk ☐ Night	Procedure:
☐ **Medication(s)** Amount: Location: :		☐ Morning ☐ Afternoon ☐ Dusk ☐ Night	Procedure:

☐ **Medication(s)** Amount: Location: Hide In Treat:		☐ Morning ☐ Afternoon ☐ Dusk ☐ Night	Procedure:
☐ **Water**	*Water will be cleaned and filled frequently*	☐ Tap ☐ Bottled ☐ Filtered	Dish Location: Water Location:
☐ **Treats** Kind: Amount: Location:		**Notes:**	

Pet's Living Area:

☐ NOT allowed outdoors at all ☐ Allowed on furniture, counters, beds ☐ Restrict pet area at all times ☐ Restrict pet area only when pet is alone	Restricted Area/Crate Location:____________ _______________________________________ Other off-limit areas: ______________________ ____

Temperament/Personality: ____

____

Pet Doesn't Like:

☐ Brushing
☐ Massage
☐ Ears Touched
☐ Scratching
☐ New Animals
☐ Other family pets
☐ People near food dish
☐ Sharing food
☐ Loud Noise / Vacuum / Thunder
☐ All Humans
☐ Strangers

Pet reacts to the above by: ____

Has Pet Ever: Describe

- [ ] Attacked/bit someone ____
- [ ] Attacked another animal
- [ ] Injured self /escaped from fear ____
- [ ] Injured self out of boredom
- [ ] Escaped from home ____

Where does he/she like to escape to/hide? ___________________________________

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How can he/she be retrieved? ____

Favorite Games, Toys, and Activities:

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Comments: ____

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