


RIDGEWOOD VETERINARY HOSPITAL
2009 Bearded Dragon Biliary Research Project

Form 1- Owner Information

Please fill out any and all information that applies below. No personal information will be used in the study or made public. This information is required with the sole purpose of keeping track of who owns the animals in the study in case further information is needed or to contact the owner in the event something is found.

Client	
Last Name: _____	First Name: _____
Address: _____	City _____ State _____ Zip _____
Home Telephone: (____) _____	Cell Phone: (____) _____
Email: _____	
How long keeping Bearded Dragons for? _____	
Do you keep other reptiles? If yes what types: _____	

Do you breed Bearded Dragons or other reptiles: Yes No	
As a (circle one): Hobby Professional Both	
Breeder Information <i>(If applicable- not where pet was acquired. See following forms)</i>	
Company Name: _____	
Website: _____	
Work Telephone: (____) _____	
Fax Number: (____) _____	
Email: _____	
Types of animals breed: _____	

Number of years breeding: _____	

I, _____ give Ridgewood Veterinary Hospital permission to include all information obtained and in future procedures in any article, paper or lecture pertaining to Biliary Disease in Bearded Dragons. I fully understand that the initial ultrasound and blood work are at no charge to me and any further expenses will be my choice and my responsibility upon discussing the results with the doctor.

Signature _____ Date _____

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Form 2a- Animal Information

Owner Name: _____
(Please fill in Owner Name and Animal Name on every form in space provided for sake of record keeping)
Animal Name/ ID: _____
Date of Birth/ Age: _____
Sex: Male Female Unknown
Incubation Temperature (if known): _____
Morph: _____
Color: _____
Where Acquired From: _____
Genetics (if Known): _____
Length of Time Owned: _____

Breeding History

Has this pet been bred before: Yes No
At what Age or Year: _____
For how long/ how many years: _____
Age Stop Breeding: _____

Medical History

Veterinarian Name: _____ Hospital: _____
Address: _____ City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____ Email: _____

Please list all prior illnesses pet may have had. Give exact diagnosis of disease found or list as unknown if no definitive diagnosis was found, any diagnostics run (blood work, fecal, cultures, x-rays, ultrasounds, biopsy, et), full treatment, if fatal, resolved, etc?

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Form 2b- Husbandry Information

Owner Name: _____ Animal Name/ ID: _____

Note: This portion of history is a very important part of the study. Please be as precise as possible with regards to answering the following questions. Provide as many details as possible. If unsure how to answer a question please ask at time of study.

Enclosure Type: _____
Enclosure Size (LxWxH): _____
Substrate: _____
How often is Cage Cleaned: _____
Heat Source/ Manufacturer: _____

Temperature:
Daytime: _____
Nighttime: _____
Thermostatically Controlled: Yes No
Type/ Manufacturer: _____
Light Source/ Manufacturer: _____
UVB Bulb
Type: Fluorescent Mercury Vapor
Watts: _____
Manufacturer: _____
Frequency Changed: _____
Distance from bulb to bottom of cage: _____
Hours of Daylight/ Night: _____
Timer Controlled: Yes No
Decorations/ what type: _____

Brumation (Hibernation)
Has/ Does this pet get brumated: Yes No
When/ What Time of Year: _____
Yearly: Yes No
How Long: _____
Brumation Temperatures: _____
How kept during brumation: _____



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Form 2c- Diet Information

Owner Name: _____ Animal Name/ ID: _____

Note: This portion of history is a very important part of the study. Possibly one of the most important portions of the study. Please be as precise as possible with regards to answering the following questions. Provide as many details as possible.

Greens
Types Offered: _____

Frequency Offered: _____
Amount/ Percent of Diet: _____

Vegetables
Types Offered: _____

Frequency Offered: _____
Amount/ Percent of Diet: _____

Fruits
Types Offered: _____

Frequency Offered: _____
Amount/ Percent of Diet: _____

Insects/ Meats
Types Offered: _____

Frequency Offered: _____
Amount/ Percent of Diet: _____
Are Insects Gut Loaded prior to feeding: Yes No
 With What: _____
 Manufacturer: _____

Pellets: Yes No
Types Offered/ Manufacturer: _____
Frequency Offered: _____
Amount/ Percent of Diet: _____

Diet information continued on next page...



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Form 2c- Diet Information (con't)

Owner Name: _____ Animal Name/ ID: _____

Note: This portion of history is a very important part of the study. Possibly one of the most important portions of the study. Please be as precise as possible with regards to answering the following questions. Provide as many details as possible.

Supplements	Yes	No			
	Types Offered:		Calcium with or with out Vit. D3		Multivitamin
	Manufacturer: _____				
	Frequency Offered: _____				
	How Offered: _____				
Water					
	How Offered: _____				
	Tap or Bottled				
	How Often Changed: _____				
	Warm Water Soaks Provided Yes No				
	How Often: _____				
	For How Long: _____				

What is the percentage of insect versus vegetables fed now compared to when this animal was younger? Please include as much details and time frame of diet changes as possible:
