

Pocket Pet History Form	Date: _____
RDVM info	Admitting Clinician: _____
	Appt. Time: _____

Name of Animal: _____	Breed: _____	Sex: _____	Age: _____	Companion Animal /Breeder
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Background Information:
Length of time owned: _____ Where acquired? Breeder Pet Store Other _____
How often is animal handled? Daily Occasionally Never Character of
Feces _____

Husbandry:
Housed Indoors/Outdoors? _____ Is animal allowed to roam free in the house? Yes No
Where is cage located? _____
Type of Caging: _____ Galvanized? Yes No
Size of Cage _____
Cage Substrate? _____ How often is caged cleaned? _____
What type of disinfectant is used when cleaning cage? _____
Type of cage furniture: _____
Are there chew toys available in cage? _____ What are they made of? _____

Nutrition:
Type of food offered:
--Pellets? No Yes If yes, what brand? _____ Amount fed/frequency: _____
--Supplements offered and frequency?(i.e. seeds, vegetables etc...) _____

Water source? _____ How often is water changed? _____

Any other pets? No Yes If yes, specify _____

Any other pocket pets? No Yes Specify _____

Are animals housed together or singly? _____ If not housed together, where are the other animals located? _____

Any new additions to the pocket pet population? No Yes If yes, specify _____

Past Medical History/Problems:

Current Presenting Problem:

Duration of Complaint: