



Client Name:		Pet's Name:	
Species:	Sex:	Age:	
Phone:	Email:	Date:	

Background:

Where acquired:	When acquired:
Fecal appearance/consistency:	
Vaccination history:	
How often handled:	Ever taken outside:
Have you had pocket pets in the past:	

Husbandry:

Housed indoors/outdoors:	Allowed to roam free in the house:
Where is enclosure/cage located:	Size of enclosure/cage:
Type of enclosure/cage:	Coated metal/galvanized metal present:
Cage substrate (bedding):	How often is enclosure/cage cleaned:
Cleaner/disinfectant used when cleaning:	
Types of furniture, enrichment, or accessories offered:	
Available chew toys:	

Nutrition:

Pellets (y/n, brand):	Amount fed/frequency:
Seeds (y/n, types):	Amount fed/frequency:
Fruits (y/n, types):	Amount fed/frequency:
Vegetables (y/n, types):	Amount fed/frequency:
Supplements/treats offered:	
Water source:	How often is water changed:

Housemates:

Any other pocket pets (y/n, specify):	Are animals housed together (specify):
Any new/recent additions to pocket pet population (y/n, specify):	
Any other pets (y/n, specify):	

Medical Issues:

Past medical history/problems:
Current presenting problem/duration:

Office use only
