



SEVEN OAKS VETERINARY CLINIC



POCKET PET HISTORY FORM

Name of Animal _____ Breed _____ Sex _____ Age _____

Background Information:

Length of time owned _____ Acquired from (circle one) Breeder Pet Store Other

How often is animal handled? (circle one) Daily Occasionally Never

Character of animal: _____ Normal weight: _____ current weight: _____

Husbandry:

(Please circle) Housed indoors? Outdoors? Is animal allowed to roam free in the house? Yes No

Where is cage located? _____ Type of caging: _____

Galvanized? Yes No Type of bedding: _____ How often is cage cleaned? _____

What type of disinfectant is used when cleaning cage? _____

Type of cage furnishings _____

Are there chew toys available in cage? _____ What are they made of? _____

Any other pets? Yes No If yes please specify _____

Any other pocket pets? Yes No If yes please 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? Yes No If yes, please specify _____

Nutrition:

Pellets? Yes No If yes, what brand? _____ Amount fed/frequency _____

Hay? Yes No If yes, what type? _____

Supplements offered and frequency? (ie: seeds, vegetables, etc) _____

Water source? _____ How often is water changed? _____

Past Medical History/Problems:

Current Presenting Problem:

Duration of Complaint: