



Pocket Pets Health Information

Date (yyyy-mm-dd) _____

Owner's Name _____

Pet's Name _____ Age (yrs) _____

Address _____

Species _____

City _____

Postal Cod _____

Please bring a photo in of your pet's cage and living environment.

Daytime ph _____

Alt Phone _____

New Pets: How did you acquire your pet?

Describe your pet's daily exercise e.g. amount, frequency, indoor, outdoor, alone, with other pets, time out of cage.

Previous Veterinarian (for health records only)

Describe your pet's diet, including type, amount and frequency of feeding. When and what was the last meal?

Please describe concerns you have about your pet's health.

What is their water source? e.g. bowl, sipper. How often is the water changed?

Describe any previous relevant health issues.

Describe pet's cage type, size, bedding, how often it is changed

Indicate symptoms your pet experiences.
Please provide details on reverse.

Is the cage exposed to sunlight? Does the light pass through glass? Heat source? What is average day/night temp.

- Coughing
- Small dry feces
- Itching
- Sneezing
- Diarrhea
- Lumps
- Eye discharge
- Increased thirst
- Abnormal activity
- Nasal discharge
- Posture/Gait change

Current Weight (g) _____ Previous (g) _____

Does your pet have access to a bath or other water source for bathing/grooming?

Describe the heat source for your pet.

Do you consider your pet overweight/underweight or fine

List any medications, vitamins or supplements that your pet takes.

What other pets do you have in your home?

Has your pet been outside of the lower mainland in the past 12 months? Please list locations.



For each symptom that your pet experiences, please provide descriptions of **how long** the symptom has been present, **frequency**, general **appearance** and any other information that will assist the vet in understanding the symptom's effect on your pet.

Coughing

Sneezing

Eye or nasal discharge

**Vomiting/
Regurgitation**

Thirst e.g. how long? how much has drinking increased?

Abnormal Feces, including diarrhea, small firm, strange colour or lack of feces.

Itching - how long, area of body affected

New/Ongoing Lumps - location, changes, how long present

Describe any limping, stiffness, changes in activity level.

Describe any changes in behaviour