

Pocket Pet Questionnaire

Pet's Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Type of Pocket Pet: \_\_\_\_\_

**Circle your best response**

If you are new to our practice does your pet have any previous medical issues we should know about?

YES NO N/A

If yes what is the medical issue? \_\_\_\_\_

My pocket pet is allowed out of cage to move around the house: (unsupervised or supervised)

Never Rarely Frequently

My pocket pet is allowed to go outside: Never Rarely Frequently

Describe the habitat (size, type, furniture, bedding, toys, etc.): \_\_\_\_\_

Diet: Please be specific (indicate what is fed, how often and what is eaten)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you use a vitamin or mineral supplement? Y / N Type: \_\_\_\_\_

How is water provided? (bottle, dripper, bowl, etc.): \_\_\_\_\_

Observations: Have you noticed any of the following

Y / N Weight changes?

Y / N Changes in appetite?

Y / N Drinking more or less than normal? **Increased or Decreased** (Please circle one)

Y / N Stool/droppings more or less than normal? **Increased or Decreased** (Please circle one)

Y / N Lameness (limping) or Tenderness?

Y / N Digestive upsets? (If yes, circle type: Regurgitation Diarrhea Flatulence)

Y / N Skin changes, Lumps or Bumps?

Y / N Eye discharges or changes?

Y / N Sneezing, Coughing, or Drooling?

Y / N Scratching, Rubbing, Biting at themselves?

Y / N Head Shaking?

Y / N Bad breath or other odors?

Y / N Changes in sleep patterns or activity levels?

Y / N Changes in exercise tolerance, agility, or ability to move around? If yes, please describe \_\_\_\_\_

Y / N Behavior changes or issues? If yes, please describe \_\_\_\_\_

What is the main reason for your visit today: \_\_\_\_\_

\_\_\_\_\_