



Pocket Pet Wellness Questionnaire

Pet's Name: _____ Last Name: _____

Type of Pocket Pet: _____ Age: _____

My pet is allowed out of the cage to move around the house: Unsupervised Supervised

My pet is allowed to go outside: Never Rarely Frequently

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

No Yes _____

What is the main reason for your visit today? _____

Diet

Please describe your pet's diet in detail. Indicate what is fed, how often, and what is eaten.

Do you use a vitamin or mineral supplement? No Yes _____

How is water provided (bottle, dripper, bowl, etc)? _____

Habitat

Please describe your pet's habitat in detail, including size, type, furniture, bedding, toys, etc.

Observations

Have you noticed any of the following?

Weight changes:

Changes in appetite:

Lameness (limping) or tenderness:

Drinking more/less than normal: More Less

Skin changes, lumps or bumps:

Stool/droppings more or less: More Less

Eye discharges or changes:

Digestive upsets: Regurgitation Diarrhea Flatulence

Head shaking:

Scratching, rubbing, biting at themselves:

Sneezing, coughing, or drooling:

Changes in sleep patterns or activity levels:

Bad breath or other odors:

Changes in exercise tolerance, agility, ability to move around: _____

Behavior changes or issues: _____