Pocket Pet History Form		Date:	
Name of Animal:		Age:	Sex:
Breed:			
Background Information:			
Length of time owned:	_ Where acquired? Bree	eder Pet Stor	re Other
How often is the animal handled? Daily	Occasionally Nevert		
Character of feces?			
Husbandry:			
Housed Indoors/Outdoors?	_ Is the animal allowed	d to roam free in	the house? Yes No
Housed Indoors/Outdoors? Where is cage located?			
Where is cage located?		Galvanized? Y	Yes□ No□
Where is cage located? Type of cage:		Galvanized? Y	∕es□ No□
Where is cage located? Type of cage: Size of cage:	Frequency of ca	Galvanized? Y	∕es□ No□
Where is cage located? Type of cage: Size of cage: Cage substrate?	Frequency of ca	Galvanized? Y	es□ No□

Nutrition: Type of Food offered:Pellets? Yes No If yes, what brand? Amount fed/frequency:Supplements offered and frequency? (i.e. seeds, vegetables, etc) Water Source? How often is water changed?
Any other pets? No Yes If yes, specify Any other pocket pets? No Yes If yes, 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? No Yes If yes, specify
Past Medical History/Problems: Current Presenting Problem:
Duration of Complaint: