

POCKET PET HISTORY FORM



To ensure the best possible veterinary care for your animal, it is crucial to provide a comprehensive record of your pet's medical history. Please fill out this form with utmost accuracy. If you have any uncertainties, feel free to consult our veterinary staff without hesitation.

Animal Details

Name: _____
Common/Scientific species name: _____
Date of birth/Age: _____ Color: _____ Sex: M F neutered/spayed unknown
Origin: breeder pet store rescue other: _____
Length of time owned: _____ Are you a: pet owner breeder rescue pet store
How often do you handle your pet? daily weekly biweekly monthly rarely never
Does your animal have a reproductive history? N Y If yes, please explain: _____
Has your animal ever been outside? N Y If yes, for how long/frequently? _____

Medical History

Is this your pet's first time at the vet? Y N If no, did you bring records? Y N
If no, who was your pet's previous vet(s)? _____
If any, what health problems has your pet had previously? _____
Is there a primary complaint or concerning symptoms for today's appointment? N Y
If yes, please explain: _____
If yes, how long have these symptoms been present? _____
Has your pet received any treatment in the last 30 days? N Y
If yes, please provide details: _____

Environment

Type of caging: _____ Is the cage galvanized? N Y
Size of caging: _____ Cage substrate: _____
Location of cage: _____
How often is the cage cleaned? _____ What cleaning agents are used? _____
Toys available? N Y If yes, please explain: _____
Litter box available? N Y If yes, what type of litter? _____
Furniture available? N Y If yes, please explain: _____
Is this pet housed singly? Y N If no, specify cage mate(s): _____
Is your pet allowed to roam the home? _____
Do you have any other animals? N Y If yes, does your pet interact with the animal(s)? N Y
If yes, please specify: _____

Critter Care of Panama City

Diet & Nutrition

Is your pet eating well? Y N If no, please explain: _____

Is your pet drinking well? Y N If no, please explain: _____

What is your animal's fecal consistency? _____

Type of food offered:

pellets Brand: _____ Frequency: _____ Amount: _____

vegetables Type(s): _____ Frequency: _____ Amount: _____

fruits Type(s): _____ Frequency: _____ Amount: _____

vitamins Types(s): _____ Frequency: _____ Amount: _____

treats Brand(s): _____ Frequency: _____ Amount: _____

What is the water source? tap water well water bottled water rain/river water

How is that water provided? bowl water bottle other _____

How frequently is the water changed? _____

Please share any additional comments or information you believe to be beneficial: