



520 886-1125
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POCKET PET Health HISTORY

(Rabbits, Guinea Pigs, Rodents, Ferrets, etc)

Patient Name: _____ Client Name: _____ Phone _____

Is this your first visit to Cimarron? Yes No
 Is your address & phone number still correct Yes No
 Does this pet have Medical Insurance? Yes No
 Is your pet Microchipped? Yes No
 Is this your pet's first visit? Yes No
 What is your current email ? _____

Chief Complaint or Reason for Visit:

Current Medications/ Nutritional Supplements/ Vitamins and how often:

DIET (brand and form): _____
 Snacks/ People food No Yes _____

HOUSING Describe cage, bedding and types of "furniture":

Are other pets housed with this patient? Yes No Who/ How many? _____
 Are any of these pets affected? Yes No How many? _____

EXERCISE

- Cage only
- Confined area outside of cage
- Only with supervision
- Sometimes without supervision
- Freely roams the house

| | Norm | Abnorm | Describe |
|----------------------------|------|--------|-------------------------------------------|
| Appetite | | | |
| Drinking | | | |
| Bowel Movements | | | |
| Urination | | | |
| | NO | YES | DESCRIBE (how often, for how long, where) |
| Diarrhea | | | |
| Coughing | | | |
| Sneezing | | | |
| Loud Breathing Noises | | | |
| Bad Breath | | | |
| Lumps / Bumps | | | |
| Excess Licking/ Scratching | | | |
| Hair Loss | | | |
| Shaking Head | | | |
| Unusual Discharge | | | |
| Lameness/ Stiffness | | | |

----- Office Use Only -----

Wt _____ T _____ P _____ R _____

Other Services needed today: _____

CSR _____

Tech _____