



New Pet Medical History Form

Pigs, Birds, Guinea Pigs, Rabbits and Other Special Species

Owner(s): _____ Date: _____

Address: _____ Phone#: _____

Pet Name: _____ Breed: _____

Color: _____ Age/DOB: _____ Sex: Male Neutered Female Spayed

Tell us about your New Pet

How did you find your pet? Breeder Humane Society Friend Stray Pet store Other _____

Will your pet be indoor, outdoor or both? _____

Is your pet litter box trained? Yes No

For Pigs only: Has your pig had his/her hooves and/or tusks trimmed in the past? Yes No
If yes, how did he/she do? Was sedation needed? _____

What type(s) of enrichment do you have for your pet? _____

What brand of food are you feeding him/her? _____

How is your pet's appetite? Normal Other _____

Is your pet drinking? Normal Less than Normal More than Normal

How is your pet's attitude? Normal/Happy/Active Depressed/Lethargic Other _____

Do you notice any of the following?

- Limping Coughing Sneezing Eye discharge Nose Discharge Vomiting Diarrhea Scooting
 Shaking Head Scratching Hair Loss Weight Loss Lethargy/weakness Other _____

Medical History

Has your pet been to a veterinary clinic previously? No Yes: _____

Has your pet had any of the following?

Physical Exam: Yes, date _____ No Unsure

Fecal Test: Yes, results _____ No Unsure

Vaccines: Yes, date & type _____ No Unsure

Has your pet been dewormed in the last 12 months? Yes, date & product _____ No Unsure

Do you use a Flea & Tick Preventative? Yes, date & product _____ No

On the back side of this page please write any other information you wish us to have, or any questions about your new pet you want us to address.



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Other medications or supplements: No Yes: _____

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