

**Domestic and Exotic Animal Companions and Pocket Pets Form
(Mammals Only)**

Common Name:

Genus:

Species:

Breed:

Age:

Sex:

Color:

Weight:

Type of housing:

Nutrition:

Past health/medical history:

1. Is your pet part of a breeding program?
2. Is your pet neutered (spayed or castrated?)
3. Do you have other pets at home?
4. Has your pet had any health conditions or problems?
5. If your pet has had recent lab work or medical records, please have results available if you wish to discuss them.

Please list the topics or concerns that you would like to discuss, in order of priority: