

Lakeside Veterinary Center, LLC
8693 Cherry Lane Laurel, MD 20707
301-498-8387

Guinea pig/Chinchilla/Degu History form

Owner last name:

Pet's name:

What prompted you to come today? (circle all that apply)

Annual visit

Nail trim

Other concerns

If you circled other concerns, can you describe briefly what those concerns are? _____

Has your pet recently experienced any of the following problems? (circle all that apply)

Grinding teeth

Overgrown teeth

Runny nose

Drooling/Wet chin

Coughing

Sneezing

Runny eye

Red eye

Squinting

Trouble breathing

Lethargy

Reluctance to move

Inability to walk

Looks bloated in belly

Lumps or bumps (where?

)

Eye bulging

Swollen foot

Limping

Torn toe nail

Scratching

Dandruff

Bugs on skin

Shaking head

Scratching at ears

Holding head at a tilt

Spurs on feet

Not eating well (for how long?

)

Soft stool

Smaller stool pellets

Fewer pellets of stool

Straining to urinate or have BM

Weight gain

Urinating more

Drinking more than usual

Weight loss

Wounds

Emergency room visits (what for?

)

Pain of any kind

Other signs not listed here: please specify _____

What medications, if any, is your pet currently taking?

Critical Care formula

Vitamin C treats

Other (please list with doses if possible): _____

What is your pet eating?

Pellets (Brand and amount per day):

Hay (Brand, type of hay, amount per day):

Vegetables (types and amount per day):

Other food stuffs: (please specify):

Vitamin C in water?

Is there anything else you want the doctor to know or want to talk with the doctor about?