

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

Rat/Hamster/Gerbil/Mouse History form

Owner last name:

Pet's name:

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

Annual visit

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)

Overgrown teeth

Runny nose

Red tears

Trouble breathing

Sneezing

Runny eye

Red eye

Squinting

Lethargy

Reluctance to move

Inability to walk normally

Acts blind or disoriented

Looks bloated in belly

Lumps or bumps (where?

)

Eye bulging

Swollen foot

Limping

Scratching

Dandruff

Bugs on skin

Scratching at ears

Shaking head

Holding head at a tilt

Not eating well (for how long?

)

Soft stool

Smaller stool pellets

Diarrhea

Wet tail

Straining to urinate or have BM

Weight gain

Tail wound

Urinating more

Drinking more than usual

Weight loss

Bite 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?

(circle if applies)

Carnivore Care formula

Other (please list with doses if possible): _____

What is your pet eating?

Pellets (Brand and amount per day):

Other food stuffs: (please specify):

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