



Wildwood Veterinary Hospital 1115 Luchessi Drive, San Jose, California 95118 408.265.8811

Visit Information:

Thank you for giving us the opportunity to help care for your pet. In order to serve you better, please fill out the following information about your small mammal.

Patient name: _____ Date: _____

What is the reason for today's visit? _____

Has your pet received veterinary care outside Wildwood since they were last seen with us? Yes No

If yes, when and where? Please provide all locations and approximate dates: _____

Has any of your husbandry changed since the last time you were here? Yes No

If yes, please fill out a husbandry form or verbally go over with your technician.

What does your pet eat? Please include all foods and treats offered: _____

Do you offer pellets or hay? Yes No If yes, what brand? _____

Please list specific types of fruits and vegetables offered and the amount/frequency of each: _____

How often do you feed your pet and how much is offered? _____

Please describe any previous medical problems: _____

What medication is your pet currently on? Include all prescriptions, supplements, vitamins, topical treatments, etc: _____

If your pet is sick, has your pet experienced any of the following?

Regurgitation	Diarrhea	Coughing	Sneezing
Loss of appetite	Change in activity level		No

If present, please describe: _____

Has your pet experienced any of the following?

Excessive consumption of water	Excessive urination	Straining to urinate
Decreased stool production	Straining to defecate	No

If present, please describe: _____

When did the above symptoms first appear? _____ N/A

How have these symptoms changed since first being noticed? _____ N/A

Have any at home treatments been provided for this concern? _____ N/A

Has your pet exhibited aggressive behavior before? Yes No

If yes, please describe: _____

Is your pet exhibiting hormonal or mating behaviors? Yes No