



Capri Plaza Pet Clinic - Hedgehog Exam Questions

REASON FOR TODAY'S VISIT

If for illness or injury, please include date first noticed, changes observed during the problem, methods of treatment used(if any), and any other important, pertinent details.

Any coughing?^

Any sneezing?^

Any vomiting?^

Any diarrhea?^

Any change in appetite or drinking?^

Any change in urinating or defecating?^

Any change in activity level?^

Any itching?^

Any scratching?^

Any chewing?^

Any new lumps or bumps?^

Any limping? ^

Any incoordination? ^

Abnormal posture?

Known external wounds, bleeding?

Present medication(s) or supplement(s):

Past Medical History:

Was your pet originally from:

Pet Store Breeder Private party Rescue group Found Gift Other

Preventative Care:

Deworming status? _____

Ectoparasite? _____

Diet (food/ feeding frequency):

Any treats other than the regular diet?

Drug Allergy/Sensitivities:

Gender: Male Female **Neutered or spayed?** _____

How old is your pet? _____

Length of time in household: _____

Multiple pet household ? (What kind, how many): _____

Children in the household? _____

HOUSING

Does pet ferret have access to: entire house? Yard?

How often do you clean the cage? _____

Cage size: _____ x _____ x _____

Environment inside /outside : _____

How much free time outside the cage/enclosure? _____

How many are in the same enclosure? _____ **Do they get along?** _____