**Pocket Pet Pre-appointment Questions**

**please complete the form 24 hours prior to your appointment and email it back to the office. Thank you**

**Client and pet name**

**Do you have any concerns today?**

**Does your pet have a Microchip?yes or no**

**Is your pet currently taking medications?If yes please list all medication, dosing and frequency.**

**Any adverse reaction to any medications or vaccinations?**

**What are you currently feeding your rabbit?(brand, wet vs dry, and amount)**

**Does your rabbit spend time outside?If yes how much?**

**Do you use a monthly antiparastic medication? If yes please specify (ex: Revolution, Advantage multi)**

**Does your pet have a history of chronic illness? If so, please specify Heart Disease , Dental Disease, etc.**

**Does your pet have pet insurance? If yes please specify the company?**