

Pig/Goat History/Husbandry Form

Client Name _____ Pet Name _____ Date _____

Pig OR Goat Age _____ Sex _____ Animal is a: Pet Breeder

Do you consume any products produced by the animal? Yes No What? _____

Does pet have a microchip? Yes No If yes, what is the microchip number? _____

Medical history:

Pig only: Has pet had: Rabies Vaccine? Yes No Unsure ER BAC+ Vaccine? Yes No Unsure Tetanus Vaccine? Yes No Unsure

Goat Only: Has your goat had any vaccines? Yes No If yes which ones? _____

Has pet been dewormed? Yes No If yes, with which medication? _____ Last time treated? _____

Background:

Length of time owned _____ Where did you acquire pet? _____

How often is pet interacted with? Daily Occasionally Never

Husbandry:

Housed: Indoor Outdoor Does pet roam free in house? Yes No Occasionally

Does pet stay in a enclosure/pen? _____

Type of enclosure/pen: _____ Size of enclosure/pen: _____ Enclosure/pen location: _____

Enclosure/pen Substrate: _____ How often is cage cleaned? _____

What is used to clean enclosure/pen? _____

What percentage of time is the pet outdoors? _____ Is the pet directly supervised when outdoors? _____

To your knowledge are there any neighbors/farms nearby with pigs or goats? _____

Toys offered? Yes No Litter box offered? Yes No

Who is housed with pet? housed singly with a cage mate If cage mate how many? _____

Other pets in the house? Yes No If yes, specify type and amount: _____

Do other pets interact with this pet? Yes No If yes, specify _____

Any new additions to the pet population? Yes No If yes, specify _____

Were new pets quarantined? Yes No Length of time? _____ How? _____

Nutrition:

Is pet eating well? Yes No Is pet drinking well? Yes No

Type of food offered: _____

Pig specific pellets? Yes No If yes, which brand _____ Amount fed/frequency _____

Fresh Fruit/Vegetable? Yes No If yes, which type _____ Amount fed/frequency _____

Other types of food fed? _____

Supplements/Vitamins? Yes No If yes, which brand _____ Amount fed/frequency _____

Water source? _____ How often is water changed? _____

Reason for visit:

Which type of visit is this? Wellness Sick/behavior If sick/behavior issue please explain: _____

How long has this been an issue? _____ Are other pets in house having the same issue? Yes No

Describe the pet's feces: _____

Is pet urinating normally? Yes No Is pet defecating normally? Yes No

Any recent travel? Yes No If yes when and where? _____

Any known medication reactions? Yes No If yes please explain: _____