

## 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: \_\_\_\_\_