

Small Mammal History Form

Date: _____ Appt Time: _____ Client Name: _____

Pet's Name: _____ Species: _____ Age: _____ Pet Breeder

Background Information:

Length of time owned: _____ Where acquired? Breeder Pet Store Other: _____

How often is pet handled? Daily Occasionally Never Character of feces: _____

Hubandry:

Housed Indoors/Outdoors? _____ Where is cage located? _____

Is pet allowed to roam free in the house? No Yes Occasionally: _____

Type of Caging: _____ Size of Caging: _____ Galvanized? No Yes Unsure

Cage Substrate? _____ How often is cage cleaned? _____

What type of disinfectant is used when cleaning cage? _____

Types of toys/furniture offered? _____

Litter box offered? _____

Nutrition:

Type of food offered:

- Pellets? No Yes If yes, what brand? _____ Amount fed/frequency _____
- Seed? No Yes If yes, what type? _____ Amount fed/frequency _____
- Fruits/Veggies No Yes If yes, what types: _____ Amount/Frequency _____
- Hay? No Yes If yes, what type? _____ Amount fed/frequency _____
- Other: _____

Types of Supplements/Treats offered: _____

Water Source: _____ How often is water changed? _____

Any other pets? No Yes If yes, specify: _____

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

Are pets housed together or singularly? _____

If not housed together, where are other pets located? _____

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

- Were the new additions properly quarantined separate from rest of pet population before introduced?
- _____

Past Medical History/Problems:

Current Presenting Problems:

Duration of Problem: