

SMALL MAMMAL PATIENT HISTORY

Pet Information - Please Print

Date: _____

Pet Name: _____ Species/Breed: _____
 Age / D.O.B: _____ Male _____ Female _____ Unknown _____
 Pet's Color _____
 Is your pet spayed or neutered? Yes ___ No ___ Unknown ___

1. How long have you owned this pet? _____
2. Where did you acquire your pet? _____
3. How often is your pet handled? _____
4. Is this pet confined to a cage or enclosure? _____
5. What kind of cage do you use? _____
6. What is used in the bottom of the cage (substrate)? _____
7. How often do you change substrate? _____
8. How often do you clean the cage? _____
9. What Brand of food do you feed? _____
10. What Vegetables/fruit do you offer? _____
11. How often do you offer Vegetables? _____ Fruit? _____
12. What supplements and/or treats do you give your pet? _____
13. Do you provide hay for your pet (rabbit, guinea pig, chinchilla)? Yes ___ No ___ Type _____
14. Do you give your pet tap or purified water? _____
15. How often is food and water changed? _____
16. How often are the food dishes washed? _____
17. What type of soap/disinfectant is used? _____
18. Have there been any pets in contact with this one that have died within the last month?
 Yes ___ No ___ If yes, explain _____
19. Has this pet been sick at any other time during the last 12 months? _____
20. Has this pet been to see another veterinarian in the past 12 months? _____
 If so, whom? _____
21. Has this pet been given any medications in the past 3 months? Yes ___ No ___
 If yes, which ones? _____
22. Does your pet have a microchip? Yes ___ No ___ Not Sure ___ Number _____

List other pets you have at home

Name	Species	Recent illness	Age	Sex (M/F/unknown)