

Small Mammal History Form

Please provide the information below as completely as possible. All information is strictly confidential.

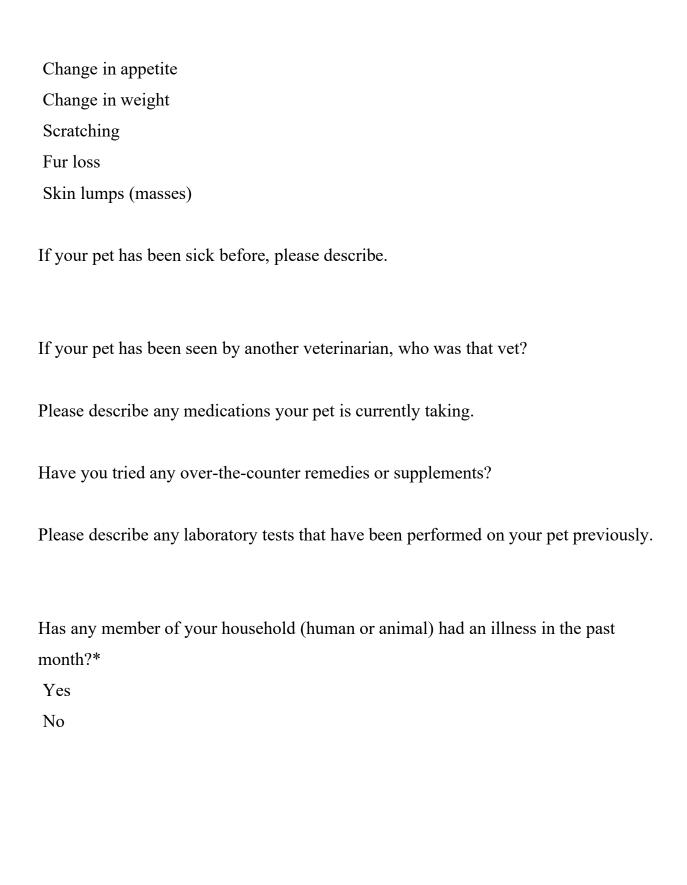
All fields with an asterisk (*) are required.

Patient Information Owner's Name* Pet's Name* Species* Age* Sex* Male Neutered Male Female Spayed Female Unknown Color/Markings* Specific Identification Tattoo Microchip Other Describe ID location and Details (if applicable)

Reason for Today's Visit

Change in thirst

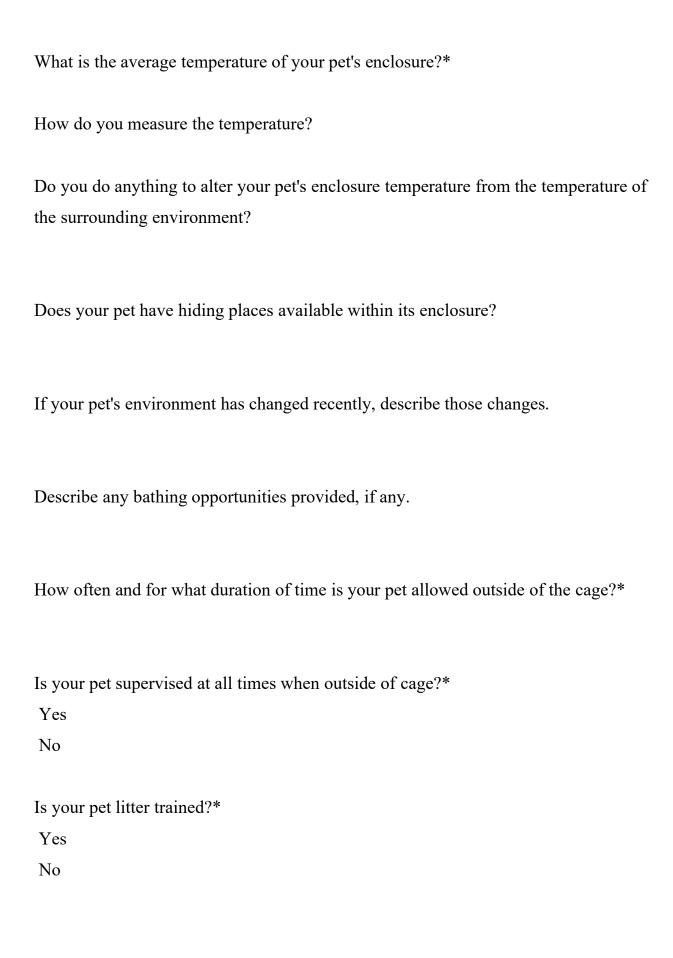
What signs prompted today's visit?* How long have you noticed the problem?* How has the problem changed?* Worse Better Same Has anything seemed to make the problem worse or better? Does the problem tend to happen at a certain time of day or time of year? On a scale of 1 to 10, with 1 being normal and 10 being death, how would you rate your pet's problem?* Have you noticed any of the following signs?(check all that apply) Behavior change Lethargy / change in exercise Nose or eye discharge Sneezing Increased breathing rate / effort Vomiting / regurgitation Change in stool quality Change in urination Lameness / weakness



General History

How did you acquire your pet?*:*
Store
Breeder
Other
Please provide any other details on the source.
Approximate date when acquired.*
Approximate age when acquired.*
For ferrets, has your pet been previously vaccinated?
Yes
No
Do you have any other pets?*
Yes
No
If yes, please list other pets and whether they have contact with this pet.
Has your pet had any contact with any other animals (besides those listed) in the past
3 months?*
Yes
No

How does your pet get exercise?* Housing Where is this pet kept? (select all that apply)* **Indoors** Outdoors In a cage Free in house Is this pet housed alone?* Yes No If no, please describe cage mates. If pet is caged, what type / size of cage is used? Describe cage furniture and layout. What bedding/substrate is used on the bottom of cage? How deep is the substrate? What bedding is used in the litterbox?* Does your pet's cage flooring include a wire grate? If so, what percentage of the floor is covered by the wire grate?* How often is the cage cleaned, using what method / products?*



Diet

How often is food offered to your pet?*
If your pet is free-fed, how often is the food in the bowl changed?
If pellets are offered, what brand are they?
If seed mix is given, what brand / type?
If vegetables are given, what types and are they frozen, fresh, dehydrated, or in some other form?
If fruits are given, what types and are the frozen, fresh, dehydrated, or in some other form?
If hay is offered, what type is it?
If proteins are offered, list types (insects, fish, cheese, meat) and status (live, frozen, dehydrated).
Please describe any treats that are provided.
If dietary supplements are offered, please describe the type and frequency.

If there have been any recent diet changes or new foods, please describe them.

How is water provided?*
Bowl
Sipper bottle
Other
Which water source is used?*
Tap water
Bottled water
Well water
Rain water
How often is the water changed?*
Signature:
Comments:



The Center for Bird and Exotic Animal Medicine 11401 NE 195th Street Bothell, WA 98011 425.329.4407 425.361.0959

Fax: 425.486.9002

Email Us