



## 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**

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

Change in thirst

Change in appetite

Change in weight

Scratching

Fur loss

Skin lumps (masses)

If your pet has been sick before, please describe.

If your pet has been seen by another veterinarian, who was that vet?

Please describe any medications your pet is currently taking.

Have you tried any over-the-counter remedies or supplements?

Please describe any laboratory tests that have been performed on your pet previously.

Has any member of your household (human or animal) had an illness in the past month?\*

Yes

No

## 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?\*

What is the average temperature of your pet's enclosure?\*

How do you measure the temperature?

Do you do anything to alter your pet's enclosure temperature from the temperature of the surrounding environment?

Does your pet have hiding places available within its enclosure?

If your pet's environment has changed recently, describe those changes.

Describe any bathing opportunities provided, if any.

How often and for what duration of time is your pet allowed outside of the cage?\*

Is your pet supervised at all times when outside of cage?\*

Yes

No

Is your pet litter trained?\*

Yes

No

## **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 they 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](#)