



## Small Mammal History Form

### Your Pet's Information:

Name: \_\_\_\_\_

Common name or species: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Neuter/Spayed?  No  Yes

How long have you had your pet? \_\_\_\_\_

From where did you obtain your pet? \_\_\_\_\_

Do you have other pets in the household?  No  Yes

If Yes, please list number and species. \_\_\_\_\_

### Cage Details:

Where is the cage located?  Inside  Outside

What are the dimensions of the cage? \_\_\_\_\_

What is in the cage set up (décor, toys, ventilation, etc)? Substrate?

How often do you clean the cage and what do you clean it with? \_\_\_\_\_

Are there any smokers in the house?  No  Yes

Do you use aerosolized substances?  No  Yes

What is your pet's day and night cycle (hours of sleep)? \_\_\_\_\_

What percentage of the time does your pet spend in the cage? \_\_\_\_\_

Is your pet supervised when out of the cage?  No  Yes

Have there been any changes in the environment in the last 3 months?  No  Yes

If so, please explain:

**Diet Details:**

How often do you feed your pet? \_\_\_\_\_

Please indicate which foods are eaten and the approx. volume or percentage:

Pellets  No  Yes Type, Brand and amount: \_\_\_\_\_

Hay  No  Yes Type, Brand and amount: \_\_\_\_\_

Vegetables  No  Yes Type and amount: \_\_\_\_\_

Fruits  No  Yes Type and amount: \_\_\_\_\_

Meat products?  No  Yes Type and amount: \_\_\_\_\_

Treats/others \_\_\_\_\_

Do you use any nutritional supplements in food or water?:  No  Yes

If yes, what is it, how much, how often: \_\_\_\_\_

**Water Details:**

What water supply do you provide?  City tap water  Bottled water  Well water

How is water provided?  Bowl  Dripper system

How often is water changed? \_\_\_\_\_

**Reason for Visit today**

What is the primary reason why you brought your pet in to see a veterinarian today?

Have you noticed any changes in feeding or drinking behavior?  No  Yes

If yes, please give details: \_\_\_\_\_

Have you noticed any changes in droppings?  No  Yes

If yes, please give details: \_\_\_\_\_

Has your pet had any previous health problems?  No  Yes

If yes, please give details: \_\_\_\_\_

Have any other pets or person in the household had any illness within the last 30 days?

No  Yes If Yes please give details: \_\_\_\_\_

What are your pet's current medications? Has your pet received any medications in the last 3 months (heartworm medication, dewormer, flea treatment, etc): \_\_\_\_\_