

SMALL MAMMAL PATIENT HISTORY

Pet ID# _____
Office Use Only
Client ID# _____

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

LIST OTHER AVIAN OR EXOTIC BREEDS YOU HAVE AT HOME

Pet's Name: _____ Pet's Name: _____

Breed _____ Breed: _____

Age: _____ Sex: _____ Age: _____ Sex: _____

Pet's Name: _____ Pet's Name: _____

Breed _____ Breed: _____

Age: _____ Sex: _____ Age: _____ Sex: _____