Small Mammal History Form

Client's Name: *

Pet's Name: *

Type / Species: *

Approx. Age / Date of Birth:

How long have you had your pet?

Sex:

Where did you obtain your pet?

Environment

What type of cage does your pet have?

What are the dimensions (H x W x L)?

Where in the house is the cage located?

What kind of bedding do you use?

How often is the cage cleaned?

Briefly describe the cage accessories (bowls, toys, hiding areas...) *

Does your pet spend much time out of the cage?

If so, how much and where?

Are there any other animals sharing the cage or in direct contact?

If so, describe

How often is your pet held?

If your pet is a Chinchilla: How often do they get a dust bath?

Diet

What kind of food and treats do you give?

Do you give any vitamin/mineral supplements?

Medical Conditions

Please list any previous medical problems.

Has your pet been recently exposed to other animals?

Has there been any changes in the pet's environment?

Have you noticed (check all that apply) *

- ☐ Weight Loss
- ☐ Weight Gain
- ☐ Decreased Appetite
- ☐ Increased Appetite
- ☐ Anorexia
- ☐ Vomiting
- ☐ Increased Urination
- ☐ Decreased Urination
- ☐ Difficulty Urinating
- ☐ Diarrhea
- ☐ Excessive Shedding
- ☐ Hair Loss
- ☐ Itching
- ☐ Pain
- ☐ Skin Sores
- ☐ Masses or Lumps
- ☐ Difficulty Breathing
- ☐ Coughing
- ☐ Sneezing
- ☐ Nasal or Eye Discharge
- ☐ Decreased Activity
- ☐ Lethargy
- ☐ Loss of Balance
- ☐ Head Tilt
- ☐ Wounds
- ☐ Limping
- ☐ Teeth Issues

Describe:

Submit