

## SMALL MAMMAL PATIENT HISTORY

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

### List Other Avian or Exotic Pets

Pet's Name: _____	Pet's Name: _____
Breed _____	Breed: _____
Age: _____ Sex: _____	Age: _____ Sex: _____
Pet's Name: _____	Pet's Name: _____
Breed _____	Breed: _____
Age: _____ Sex: _____	Age: _____ Sex: _____
Pet's Name: _____	Pet's Name: _____
Breed _____	Breed: _____
Age: _____ Sex: _____	Age: _____ Sex: _____