

# Small Mammal History Form



Please complete this form to the best of your ability to help the doctor in treating your small mammal. Let the receptionist know when you are done so you may be taken to an exam room where the doctor will examine your pet.

## A. GENERAL INFORMATION

1. Pets Name: \_\_\_\_\_ Sex: (circle one) **Male / Female / Unsure**
2. Type: **Rabbit / Guinea Pig / Chinchilla / Hamster / Rat / Mouse / Sugar Glider / Other:** \_\_\_\_\_
3. Is this your first small mammal? (circle one) **Yes / No**
4. Where did you get your small mammal? \_\_\_\_\_
5. How long have you had your small mammal? \_\_\_\_\_
6. Please list any literature you have about your small mammal: \_\_\_\_\_
7. Please list any current treatments and any current or previous medical problems: \_\_\_\_\_
8. Please list other pets you have at home and if they have any current illness: \_\_\_\_\_
9. Have you noticed..? (circle all that apply): **change in stool consistency, change in appetite, weight loss, masses or lumps, change in water consumption, abnormal urination, difficulty breathing, open mouth breathing, coughing, sneezing, itching, increased shedding, limping or not standing properly, lethargy or inactivity.**
10. Has your small mammal been screened for intestinal parasites? (circle one) **Yes / No / Unsure**

## B. CAGING AND ENVIRONMENT INFORMATION

1. Approximate cage dimensions: H\_\_\_\_ x W\_\_\_\_ x L\_\_\_\_ or Gallons \_\_\_\_\_
2. Substrate: (circle one) **CEDAR / PINE / ASPEN / CAREFRESH / NEWSPAPER / OTHER:** \_\_\_\_\_
3. Does your pet share it's cage with another animal? (circle one) **Yes / No** Species: \_\_\_\_\_
4. If yes, was it quarantined before introducing it to your current pets? (circle one) **Yes / No**
5. How often is the cage cleaned? \_\_\_\_\_
6. What is the temperature of the room the cage is in? Daytime \_\_\_\_F Nighttime \_\_\_\_F
7. How much time does your pet get out of it's cage per day? \_\_\_\_\_ Minutes
8. Is your pet supervised when it is outside of it's cage? (circle one) **Yes/No**

## C. DIET

1. Please list everything your small mammal eats: \_\_\_\_\_
2. Frequency and amount eaten?: \_\_\_\_\_
3. Please list any treats or vitamin supplements given: \_\_\_\_\_
4. Has your small mammal been eating normally? (circle one) **Yes / No / Unsure**
5. Has your small mammal been going to the bathroom normally? (circle one) **Yes / No**
6. If not, please explain: \_\_\_\_\_

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