

Small Mammal History Form

Client: _____ Date: _____

Pet's name: _____ Species: _____

Date of birth: _____ How long have you had your pet? _____

Sex: Male Female Unsure Neutered: Yes No Unsure

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, house, toys):

⌚ Does your pet spend time out of the cage? Yes – No If so, how much and where?

⌚ Are there any other animals sharing the cage or in direct contact? Yes – No
If so, please describe

⌚ How often is your pet handled?

⌚ **Chinchillas:** How often does your pet get a dust bath?

Diet:

⌚ What kind of food and treats do you give your pet?

⌚ Do you give your pet any vitamin/mineral supplements?

Medical History

⌚ Please list any previous medical problems:

⌚ Has your pet been recently exposed to other animals? (boarding, grooming) Yes – No

⌚ Have there been any changes in the pet's environment?

⌚ Have you noticed (circle 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, skin sores, masses or lumps

difficulty breathing, coughing, sneezing, nasal or eye discharge

decreased activity, lethargy, loss of balance, head tilt

wounds, limping, pain

Describe

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