Small Mammal History Form

Client_________________________ Patient________________________ date__________________

What type of animal is your pet?________________________________________________________

How long have you owned this pet?____________________________________________________

Where was the pet acquired?__________________________________________________________

What is the reason for your visit today?________________________________________________

If there is a problem how long has it been going on?____________________________________

Is the problem getting better, worse or staying the same since it was first noticed? Please circle

What veterinary care has your pet received previously? What problems existed, and what test or treatments were done? ____________________________________________________________

What medications is your pet currently on? _____________________________________________

What foods does your pet eat? Please list everything offered. Please be as specific as possible

__________________________________________________________________________________

Is water provided in a bowl or with a bottle?____________________________________________

How often is container refilled?________________________________________________________

How often is container cleaned?________________________________________________________

Please describe your pet’s habitat_______________________________________________________

Type of bedding______________________________________________________________

Frequency of cleaning and cleaning products used_______________________________________

Is your pet housed alone or with other animals?________________________________________

How is your pet exercised and how often______________________________________________

How often is your pet handled and by who?_____________________________________________

Is there anything else that might be helpful?____________________________________________