

Patient History - Small Mammal

Office use
DR IN
RM

DATE _____

Owner's Name: _____ Pet Name: _____

Species: _____ Date of Birth/Age: _____

Source of Pet/Date Acquired: _____

Sex: M F Unknown Spayed/Neutered: Yes No Don't Know

Identification/Markings/Color: _____

Enclosure:

Cage Type/Size: _____

If metal, is it stainless steel? _____ Is there any rust or wear to the cage? _____

Bedding/Substrate: _____ Changed how often? _____

How often is enclosure cleaned and with what? _____

Toys/Chew items offered: _____

Food/Water container types: _____ Cleaned how often? _____

Environment:

Is the pet allowed out of the cage? If so, under what conditions (e.g.: supervision)? _____

Are there any other pets in the household? List species and how many of each: _____

Is your pet in any contact with other pets/animals? _____ If Yes, please list: _____

Is your pet kept indoors or outdoors (or both)? _____

Is your pet exposed to extreme temperature fluctuations/drafts? _____

Does anyone SMOKE in the house? _____

Recent environmental changes: _____

Nutrition:

What foods are currently being offered? _____

How much/often is food being offered? _____

Of this diet, what does your pet actually consume? _____

Are any dietary supplements offered? List: _____

Previous History:

Has the pet been bred/reproduced? Details: _____

History of internal/external parasites? _____ If yes, last time and treatment? _____

Has the pet been seen by a veterinarian before? Is so, where? _____

The reason for your visit today/Health concerns about your pet: _____

***** OFFICE USE *****

Wt. _____ g/kg

Today's Plan: Nail Trim Fecal Mite Check Blood Work (CBC/Chem) Picture DONE _____

Notes: _____
