

**Patient History - Small Mammal**

Owner's Last Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

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 PLEASE\*\*\*\*\*

Wt. \_\_\_\_\_ g/kg

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

Other: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_