

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? _____