



## Small Mammal History Form

### Animal Details

Pet's Name: \_\_\_\_\_ Sex: (circle one) **Male** **Female** **Unknown**

Age: \_\_\_\_\_ Spayed/ Neutered (circle one) **YES** **NO**

Species: (circle one) **Chinchilla** **Hedgehog** **Rabbit** **Gerbil** **Mouse**  
**Sugar Glider** **Hamster** **Guinea Pig** **Rat** **Other:** \_\_\_\_\_

How long have you had this pet? \_\_\_\_\_ Where did you obtain this pet? \_\_\_\_\_

### Reason for Today's Visit

What is the primary complaint for your pets visit? \_\_\_\_\_

How long have these problems been present? \_\_\_\_\_

Has your pet had any other health problems previously? **YES** **NO** If **YES**, describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you noticed any changes in your pet's behavior: **YES** **NO**

If **YES**, describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Housing

#### Describe your pet's enclosure

Location of cage: \_\_\_\_\_ What is the cage made of? \_\_\_\_\_

Size of Cage ( dimensions)? \_\_\_\_\_ Bedding Used: \_\_\_\_\_

What other furnishings/toys are in the cage? \_\_\_\_\_

\_\_\_\_\_

Is the pet housed with other pets? **YES NO** If **YES**, please describe: \_\_\_\_\_

How often is the cage cleaned? \_\_\_\_\_

What cleaning/disinfectant products are used? \_\_\_\_\_

What percentage of time does your pet spend inside and outside of its cage?

**Inside:** \_\_\_\_\_ **Outside:** \_\_\_\_\_

Is the animal supervised when out of the cage? **YES NO**

If **YES**, please give details: \_\_\_\_\_

## Diet

- How many times a day do you feed your animal? \_\_\_\_\_

Please indicate which foods are eaten and in what amounts (by number, weight, or approx. volume):

- **Pellet Mixture** - Brand & Amount: \_\_\_\_\_
- **Fruit and/or vegetables** - Types & Amounts: \_\_\_\_\_

- **Hay** (Type & Amount): \_\_\_\_\_ **How often:** \_\_\_\_\_
- **Treats/Grains:** Brand: \_\_\_\_\_ **Amount:** \_\_\_\_\_
- **Other Foods Offered:** \_\_\_\_\_

- Do you use any salt/trace mineral nutritional supplements? **YES NO**

If **YES**, please describe (brand, purpose, amount, frequency):

- What water supply do you provide?(Circle one)

**Bottled Water      Filtered Water      Tap Water      Well water**

- How is water provided? **Bowl Water Bottle Other:** \_\_\_\_\_
- How often is the water changed? \_\_\_\_\_
- Do you use any water supplements? **YES NO** If **YES**, give details: \_\_\_\_\_

- Have you noticed any changes in feeding or drinking behavior? **YES NO**

If **YES**, please describe: \_\_\_\_\_

- Have you noticed any changes in droppings (**feces, urine**)? **YES NO**

**Normal pellets Tiny pellets Dry pellets Diarrhea No stools**

If **YES**, please give details: \_\_\_\_\_

\_\_\_\_\_