

SMALL MAMMAL HISTORY

Pet's name _____ Species _____ Weight _____ Date _____
Age/Birthday _____ Sex _____ Spay/neuter? _____
Where did you get your small pet? _____ Length of ownership _____

REASON FOR VISIT: _____

DIET:

What is your pet's main diet? _____

Type, amount, and frequency:

Pellets/Kibble _____

Seed mix _____

Veggies _____

Fruits _____

Table food _____

Treats _____

Hay _____

Vitamin/Mineral supplements _____

Other _____

Has your pet been eating and drinking normally? If not, explain _____

Recent diet change? If yes, when and what? _____

ENVIRONMENT:

Type of cage and dimensions, or gallons _____

Floor type and substrate/bedding _____

Describe all of the items in the cage _____

Location of cage _____ Temperature: Day _____ Night _____

Does your pet spend time outside of its cage? _____ Supervised? _____ How long? _____

Are there other pets in the same cage? If so, describe _____

PHYSICAL SYMPTOMS:

___ Coughing ___ Sneezing ___ Vomiting/regurgitation ___ Diarrhea

___ Abnormal breathing ___ Lameness/weakness ___ Increased shedding/hair loss

___ Itchiness ___ Decreased activity ___ Decreased appetite ___ Weight loss

___ Masses or lumps ___ Nasal discharge ___ Eye discharge

Color/consistency/frequency of feces _____

MEDICATIONS: Please list any past and current medications