

## Small Exotic Mammal History Form

Clients Name: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Type of Pet \_\_\_\_\_

How long have you had your pet \_\_\_\_\_

Reason for visit \_\_\_\_\_

If you are bringing your pet here for an illness please describe signs, duration, and severity:

\_\_\_\_\_

Please circle the following if present:

Coughing    Diarrhea    Lameness    Scratching    Sneezing    Vomiting

### Medical History

Previous Veterinarian, \_\_\_\_\_

List any existing or previous medical conditions \_\_\_\_\_

\_\_\_\_\_

List any medications that are being given \_\_\_\_\_

\_\_\_\_\_

### Diet

What food is offered and what is eaten (include brand names, frequency, and Method of feeding)?

\_\_\_\_\_

\_\_\_\_\_

What supplements or vitamins are given \_\_\_\_\_

\_\_\_\_\_

### Water

How is water provided (dish, bowl)? \_\_\_\_\_

How often is container refilled? \_\_\_\_\_

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

### Housing

Size and type of cage: \_\_\_\_\_

Type of bedding? \_\_\_\_\_

Frequency cleaned? \_\_\_\_\_

Is the Pet kept alone? \_\_\_\_\_ if no how many other pets is it housed with? \_\_\_\_\_

### Exercise

Method: \_\_\_\_\_

Frequency: \_\_\_\_\_

### Handling

How often: \_\_\_\_\_

By whom: \_\_\_\_\_

Please list any other pertinent information. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_