



# Small Mammal History

Dr. Andrew Bean



Room #

*Staff use only*

Date: \_\_\_\_\_

Why have you brought your pet to be seen today? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Length of problem: \_\_\_\_\_

\_\_\_\_\_

Any previous medical problems?  *no*  *yes* \_\_\_\_\_

\_\_\_\_\_

Any medical treatments in the last 30 days?  *no*  *yes* \_\_\_\_\_

\_\_\_\_\_

When was this pet's last visit to a veterinarian? \_\_\_\_\_ Reason? \_\_\_\_\_

\_\_\_\_\_

Have you noticed any behavioral changes in your pet?  *no*  *yes* \_\_\_\_\_

\_\_\_\_\_

Have you noticed any changes in eating or drinking behavior?  *no*  *yes* \_\_\_\_\_

\_\_\_\_\_

Have you notices any changes in the character of droppings?  *no*  *yes* \_\_\_\_\_

\_\_\_\_\_

Current medications or supplements given? \_\_\_\_\_

\_\_\_\_\_

Vaccine history: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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<i>HR</i>	<i>RR</i>	<i>kg g</i>	<i>MM/CRT</i>	<i>Time</i>	<i>Initials</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



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Date completed: \_\_\_\_\_

How long have you owned this pet? \_\_\_\_\_

Origin:  captive bred  wild-caught  unknown \_\_\_\_\_

Where did you get this pet? \_\_\_\_\_

What year was your home constructed? \_\_\_\_\_

Please list all other types of pets in the home; place a star (\*) by any of these pets that have contact with this pet \_\_\_\_\_

Have you or this pet had any other contact with other small mammals in the last 90 days?  no  yes \_\_\_\_\_

Was a quarantine period performed for this pet?  no  yes For how long? \_\_\_\_\_

Are there any residents of the home know to have compromised immune systems (i.e. children < 5 years, elderly persons, HIV/AIDS patients, cancer patients)?  no  yes

Have any other animals or persons in the home been sick within the last 30 days?  no  yes \_\_\_\_\_

Exposure to any smoke, aerosols, scented products (candles, diffusers)?  no  yes \_\_\_\_\_

How often is your pet handled? \_\_\_\_\_ Does your pet go outside? \_\_\_\_\_

Cage Type: \_\_\_\_\_ Brand: \_\_\_\_\_ Dimensions: \_\_\_\_\_

Substrate used on the cage bottom? \_\_\_\_\_ Depth: \_\_\_\_\_

Cage location:  indoor  outdoor Any additional ventilation to cage? \_\_\_\_\_

Cage décor or furnishings: \_\_\_\_\_

How often is the cage cleaned? \_\_\_\_\_ Disinfectant/cleaner types? \_\_\_\_\_

Any changes to the environment in the last three months?  no  yes \_\_\_\_\_

What is your pet's source of water?  bottled  tap  other \_\_\_\_\_ How often is it changed? \_\_\_\_\_

How do you provide your pet's water?  sipper bottle  bowl  other \_\_\_\_\_ How often is it cleaned? \_\_\_\_\_

Water supplements? \_\_\_\_\_ amount/frequency \_\_\_\_\_

Diet: What foods are fed; please estimate the percentage of the animal's total diet for each food type \_\_\_\_\_

Nutritional supplements?  no  yes \_\_\_\_\_ amount/frequency \_\_\_\_\_

Supplemental heat source(s) and wattage:  ceramic/infrared bulb, power = \_\_\_\_\_ Watts  spot light/bulb, power = \_\_\_\_\_ Watts

heated rock  undercage heated pad  other \_\_\_\_\_

What is the temperature in the cage? \_\_\_\_\_ How is this measured? \_\_\_\_\_

Supplemental lighting?  no  yes, lightbulb  yes, florescent strip Model/manufacturer? \_\_\_\_\_

How much time is the pet allowed outside of the cage per week? \_\_\_\_\_

What is the humidity in the cage? \_\_\_\_\_ How is this measured? \_\_\_\_\_