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: ________________________________________________________________________________

-----------------------------------------------------------------------------------------------------------------------------Staff use only  HR  RR  kg  g  MM/CRT  Time  Initials

Passionate Care. Meaningful Relationships.
Small Mammal History
Dr. Andrew Bean

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? ___________________