

Small Mammal Exotic History Form

- Date ____/____/____
- Owner First/ Last Name: _____
- Pet's Name: _____
- Species and breed (if known): _____
- What is the primary reason for your visit and what concerns do you have today?

- Has your pet received any treatment at home? What was given, and how long was it given?

- Has your pet been seen at another clinic? If so, please list the clinic name so we can call for records.

- ***The following questions are regarding the husbandry, or at home living environment for your pet. This information helps us get a full picture of what may be going on with your pet.***
- How old is your pet? _____
- How long have you had your pet? _____
- Where did you get your pet from? Pet store Breeder Private party Other
- What is your pet housed in (i.e. a hutch, plastic bottom/wire top cage, exercise pen, etc.) _____

- Where in the house is your pet primarily living (living room, garage, bedroom)?

- Is the enclosure near vents/windows/ outside walls?
Yes____ No____
- What substrate (bedding) do you use in the enclosure?

- How frequently do you spot clean and fully clean the enclosure? _____
- How often do you clean the food and water dishes? _____
- What do you use to clean the enclosure and dishes?

- What kind of hides and enrichment is in the enclosure(i.e. toys, chews, blankets, hammocks, etc.)?

- Is your pet litter box trained?

Yes _____ No _____

- Does your pet drink from a water bowl or bottle?

Bowl Bottle

- What do you primarily feed your pet (i.e. hay, pellets, fruits/veggies)?

- How much and how often do you feed your pet?

- What treats do you give your pet? How often?

- For carnivores: Do you feed whole prey or raw diets?

- Do you use vitamin or mineral supplements? If so what kind and how often?

- What is the maximum and minimum temperature in the enclosure?

- How many hours of daylight and nighttime does your pet get each day?

- Are there any other pets in the house? _____

- How often does this pet interact with the other pets?
