

Research Pet and Bird Hospital Small Mammal History/Husbandry Form

Date _____

PATIENT INFORMATION

Name: _____ Age: _____

Species (common and scientific name, if known): _____

Sex: Male Neutered male Female Spayed female Unknown

Color/Markings _____

Any specific identification? Tattoo Microchip Other Please describe: _____

Who may we thank for referring you to Research Pet and Bird hospital? _____

Reason For Today's Visit:

What signs have you noticed that prompted today's visit? _____

How long have you noticed the problem? _____

Has the problem gotten worse, better or stayed the same? _____

Have you noticed any of the following signs? (please mark all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Behavior change | <input type="checkbox"/> Change in vocalization | <input type="checkbox"/> Change in thirst |
| <input type="checkbox"/> Lethargy/change in exercise | <input type="checkbox"/> Vomiting/regurgitation | <input type="checkbox"/> Change in appetite |
| <input type="checkbox"/> Nasal or ocular discharge | <input type="checkbox"/> Change in stool quality | <input type="checkbox"/> Change in weight |
| <input type="checkbox"/> Sneezing | <input type="checkbox"/> Change in urination | <input type="checkbox"/> Scratching |
| <input type="checkbox"/> Increased breathing rate or effort | <input type="checkbox"/> Lameness/weakness | <input type="checkbox"/> Fur loss |

Has your pet been sick previously? _____

Has your pet ever been seen by another veterinarian? Yes No _____

Is your pet currently on any medication? Yes No If yes, please describe: _____

Have any laboratory tests (bloodwork, x-rays, fecal examination, etc.) been performed previously on your pet?

Yes No If yes, please describe: _____

Has any member of your household (human or animal) had an illness in the last month? Yes No

Environment and diet play a fundamental role in the health of exotic pets. In order to obtain the best assessment of your pet's health and therefore provide the most appropriate care, it is very important that we have very detailed information regarding your pet.

General History

How did you acquire your pet? Store Breeder Other (describe) : _____

Date acquired: _____ Age when acquired: _____

For ferrets: Has your pet been previously vaccinated? Yes No _____

Do you have any other pets? Yes No Please list: _____

Has your pet had contact with any other animals in the last 1-3 months? Yes No

Housing

Is your pet kept: Indoors Outdoors Both Free in the house Cage in the house _____

Is your pet housed alone? Yes No If no, explain: _____

If pet is caged, what type/size of cage? _____

Please describe the cage layout/furniture: _____

What do you use on the bottom of the cage? _____

How often is the cage cleaned? _____ Describe method of cleaning: _____

Has the pet's environment changed recently? Yes No If yes, describe: _____

Do you provide any bathing opportunities? Yes No If yes, describe: _____

Is your pet allowed outside of the cage? Yes No If yes, how often: _____

Is your pet supervised at all times when out of the cage? Yes No If no, describe: _____

Is your pet litter trained? Yes No Please describe handling/by whom? _____

Diet:

How often is food offered to your pet? _____

If your pet is free fed, how often is the food in the food bowl changed? _____

What specific types of foods are offered (please list brands where appropriate as well as amount fed)?

Pellets/kibble - Brand: _____ Seed Mix - Brand/type: _____

Vegetables - Type: _____ Fresh Frozen/thawed Dehydrated Other

Fruit - Type: _____ Fresh Frozen/thawed Dehydrated Other

Hay - Type: _____ Meat/protein - Type: _____

Treats - Type: _____ Other: _____

Any dietary supplements offered? Yes No If yes, which brand/how often? _____

Any recent diet changes or new foods? Yes No If yes, describe: _____

How is water offered? Bowl Sipper bottle Other (describe) _____

Which water source do you provide? Tap water Bottled water Well water Rainwater

How often is the water changed/refilled? _____