



The Center for Avian and Exotic Medicine  
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## Small Mammal History Form

**Client:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Pet's name:** \_\_\_\_\_ **Species:** \_\_\_\_\_

**Date of birth:** \_\_\_\_\_ **How long have you had your pet?** \_\_\_\_\_

**Sex:** Male Female Unsure **Neutered:** Yes No Unsure

**Where did you obtain your pet?** \_\_\_\_\_

### Environment:

- What type of cage does your pet have? \_\_\_\_\_
- What are the dimensions? H \_\_\_\_\_ x W \_\_\_\_\_ x L \_\_\_\_\_
- Where in the house is the cage located? \_\_\_\_\_
- What kind of bedding do you use? \_\_\_\_\_
- How often is the cage cleaned? \_\_\_\_\_
- Briefly describe the cage accessories (bowls, house, toys): \_\_\_\_\_

• Does your pet spend time out of the cage? Yes – No If so, how much and where? \_\_\_\_\_

• Are there any other animals sharing the cage or in direct contact? Yes – No

If so, please describe \_\_\_\_\_

• How often is your pet handled? \_\_\_\_\_

• **Chinchillas:** How often does your pet get a dust bath? \_\_\_\_\_

### Diet:

• What kind of food and treats do you give your pet? \_\_\_\_\_

• Do you give your pet any vitamin/mineral supplements? \_\_\_\_\_

## Medical History

• Please list any previous medical problems: \_\_\_\_\_

• Has your pet been recently exposed to other animals? (boarding, grooming) Yes – No

• Have there been any changes in the pet's environment? \_\_\_\_\_

• Have you noticed (circle all that apply):

**weight loss, weight gain**

**decreased appetite, increased appetite, anorexia, vomiting**

**increased urination, decreased urination, difficulty urinating, diarrhea**

**excessive shedding, hair loss, itching, skin sores, masses or lumps**

**difficulty breathing, coughing, sneezing, nasal or eye discharge**

**decreased activity, lethargy, loss of balance, head tilt**

**wounds, limping, pain**

Describe \_\_\_\_\_