

# Small Mammal History Form

## CLIENT INFORMATION

Client Name: \_\_\_\_\_ Spouse's/Partner's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

How did you hear about us? (Circle one) Drive By Yellow Pages Friend (name) \_\_\_\_\_

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

For those wishing to write checks, we require:

SS#: \_\_\_\_\_ Driver Lic.# & State: \_\_\_\_\_

## PET INFORMATION

**Pet 1:**

**Pet 2:**

Name:	Name:
Age (DOB):	Age (DOB):
Breed:	Breed:
Color:	Color:
Male / Neutered          Female / Spayed	Male / Neutered          Female / Spayed
Where Obtained:	Where Obtained:

## Housing Information

Cage size/Material: \_\_\_\_\_

Bedding/Frequency of cleaning: \_\_\_\_\_

Disinfectant/Cleaning Products: \_\_\_\_\_

Location of Cage: Inside/Outside

Amount of time outside of cage: \_\_\_\_\_

Toys offered: \_\_\_\_\_

Is a hide box provided? Yes/No

**Diet Information**

Types of food offered: \_\_\_\_\_

Types of treats and fresh foods offered: \_\_\_\_\_

Type of food dish/feeder: \_\_\_\_\_ Cleaning Frequency: \_\_\_\_\_

Are vitamin supplements given? Brand name: \_\_\_\_\_

Frequency Supplement is given: \_\_\_\_\_

How is water supplied? Bowl/Bottle/Other \_\_\_\_\_ how often is water changed? \_\_\_\_\_

Water Source: City Well Bottled Other: \_\_\_\_\_ Is anything added to the water? \_\_\_\_\_

**Medical Information**

Has your pet been seen by a veterinarian before? Yes/No

Previous Veterinarian Name & Phone: \_\_\_\_\_

Reason for pervious veterinarian care: \_\_\_\_\_

List any pervious injuries or illness: \_\_\_\_\_

List any vaccinations given and date given: \_\_\_\_\_

Describe any signs of illness you may have noticed in your pet: \_\_\_\_\_

Have you noticed any changes in appetite or thirst? Yes No Describe: \_\_\_\_\_

Changes in bowel movements/droppings or urination? Yes No Describe: \_\_\_\_\_

Changes in activity level? Yes No Describe: \_\_\_\_\_