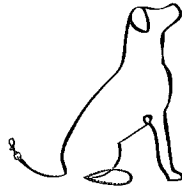


info@friendship.vet
www.friendship.vet



Friendship

VETERINARY HOSPITAL

P. 850.862.9813
F. 850.862.3035
623 North Beal Parkway
Fort Walton Beach, FL 32548

Small Mammal History Form

ANIMAL HISTORY

Patient name: _____

Breed: _____ Color: _____ Date of Birth: _____

Sex: Male _____ Female _____

How long have you had this pet? _____

Where did you acquire your pet? _____

Is your pet confined to a cage or enclosure? _____

Does your pet have a reproductive history? _____; If yes, please give details: _____

What is the primary complaint or problems you have noticed? How long have these problems been present?

Has your pet been sick at any other time during the last 12 months? _____

Has your pet been to see another veterinarian in the last 12 months? _____

Has your pet received any treatment in the last 30 days? _____ If so, please give details:

Have any other animals in the household had any illness in the last 30 days? _____

DIET AND HOUSING

Describe your pet's cage (size, shape, toys, hiding/sleeping facilities)? _____

What is used in the bottom of the cage? _____

Where is the cage located (inside, outside...)? _____

How often is the cage cleaned? _____ What products are used to clean? _____

What foods do you feed and in what amounts? _____

What brand of food do you offer your pet? _____

What vitamins or supplements do you give your pet? _____

How often is the food and water changed? _____

Do you provide hay for your pet (if your pet is a rabbit, guinea pig, or chinchilla)? _____

Does your pet consume fruits or vegetables daily? _____ % vegetables _____ % fruits