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SMALL MAMMAL HISTORY FORM

A detailed history is essential to provide the most appropriate veterinary care for your animal. Please complete this form as accurately as possible. If you are unsure about anything, you may discuss it in detail with the veterinary staff.

ANIMAL DETAILS

1. Pets name: _____

2. Species:

- Chinchilla Hedge hog Rabbit
 Gerbil Mouse Sugar Glider
 Hamster Prairie Dog Other: _____
 Guinea Pig Rat

3. Age: _____

4. Sex: Male or Female Unknown. How was gender determined? _____

Spayed/Neutered? Yes or No

5. How long have you had this pet? _____

6. From where did you obtain this pet? _____

7. Does this pet have a reproductive history? Yes or No

If yes, please give details: _____

8. Do you have other pets? Yes or No

If yes, please give details: _____

9. Have you or your pet had any contact with other pets in the last 30 days? Yes or No? Please give details: _____

REASON FOR PRESENTATION

1. What is the primary complaint or what signs have you noticed? How long have these problems been present? _____

2. What health problems has your pet had previously? _____

3. Has your pet received any treatment in the last 30 days? Yes or No, If yes, please give details (what was used, dosage, how often, duration): _____

4. Have you noticed any changes in your pet's behavior (appetite changes, grinding teeth, etc.)

Yes or No

If yes, please give details: _____

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

DIET

1. How many times a day do you feed your animal? _____

Indicate which foods are eaten and in what amounts (by number, weight, or approx. volume):

• **Pellet mixture:** Brand: _____
Amount: _____

• **Fruits and/or vegetables:** Type: _____
Amount: _____

• **Hay** (type and amount): _____ **How often:** _____

• **Treats:**
Brand: _____
Amount: _____

• **Other:** _____

2. Do you use any nutritional supplements? Yes or No?
If yes, please describe (brand, purpose, amount, frequency):

3. What water supply do you provide? Bottled water, Filtered water, Tap water, Well water

4. How is water provided? Bowl, Water Bottle, Other: _____

5. How often is the water changed? _____

6. Do you use any water supplements? Yes or No?

Please give details: _____

7. Have you noticed any changes in feeding or drinking behavior? Yes or No

Please give details:

8. Have you noticed any changes in droppings (feces, urine?) Yes or No

Please give details:

CAGE ENVIRONMENT

1. Where is the cage located? (PLEASE CIRCLE) Inside or Outside

Please give details? _____

2. What is the cage made of? _____
3. Cage size(Dimensions):_____
4. What kind of bedding used?_____
5. What décor and furnishings are present? Hide box, Wheel, Chew toys, Snuggie,
 Other:_____
6. How often is the cage cleaned? _____
What cleaning/disinfectant agents are used? _____
7. What percentage of time does your pet spend inside and outside of its cage?
Inside: _____ Outside: _____
8. Is the animal supervised when out of the cage? Yes or No
Please give details: _____
9. Does anyone in the household smoke? _____
10. Do you use any aerosolized products? _____
11. Have there been any changes in the pet's environment in the last 3 months? Yes or No
Please give details: _____