

Village Animal Hospital

Small Mammal HISTORY FORM

ANIMAL DETAILS

Owner Name: _____

Address: _____

City: _____

State: _____

Home Telephone: _____

Work Telephone: _____

E-mail Address: _____

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

1. Pets name: _____

2. Species : Rabbit, guinea pig, chinchilla, hedge hog, sugar glider, prairie dog, rat, mouse, gerbil, Hamster.

3. Age: _____

5. Sex: Male or Female • neutered/spayed • unknown. How was gender determined? _____

6. How long have you had this pet ? _____

8. From where did you obtain this pet?

9. Does this pet have a reproductive history? Yes or No, if yes please give details

10. Do you have other pets? Yes or No, If yes please give details: _____

14. 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 change in your pets behavior , not eating, grinding teeth, ECT? 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 often 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 what type, how much, and how often? _____

3. What water supply do you provide? tap water • bottled water , Well water ?

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

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? Please give details? _____

8. Have you noticed any changes in droppings (feces l, urine?) Please give details? _____

CAGE ENVIRONMENT

1. Where is the cage located? inside outside , please give details? _____

2. What is the cage made of? _____
3. Cage size: _____
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? N Y , If yes please give details; _____

9. Does your bird have regular exposure to sunlight? N Y Frequency and length of time? _____

10. Does anyone in the household smoke? _____
11. Do you use any aerosolized products? _____
12. Have there been any changes in the pets environment in the last 3 months? Yes or No, please give details _____
