



## Village Animal Hospital

### 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:

- |                                     |                                      |                                       |
|-------------------------------------|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Chinchilla | <input type="checkbox"/> Hedge hog   | <input type="checkbox"/> Rabbit       |
| <input type="checkbox"/> Gerbil     | <input type="checkbox"/> Mouse       | <input type="checkbox"/> Sugar Glider |
| <input type="checkbox"/> Hamster    | <input type="checkbox"/> Prairie Dog | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Guinea Pig | <input type="checkbox"/> 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:

\_\_\_\_\_

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#### **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?

\_\_\_\_\_



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### 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



## Village Animal Hospital

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: \_\_\_\_\_