



# Small Mammal History Form



## General Information

Pet's Name: \_\_\_\_\_ Species: \_\_\_\_\_ Sex:  Male  Female  Unknown

How was your pet acquired?  Store  Breeder  Other: \_\_\_\_\_

Your pet is a?  Pet  Breeder Has your pet ever given birth? \_\_\_\_\_

Does your pet spend time out of the cage? \_\_\_\_\_ How often is your pet handled? \_\_\_\_\_

How long have you had your pet? \_\_\_\_\_ Does anyone smoke in the household?  Yes  No

Are there any other animals in the house? \_\_\_\_\_ If yes, how many and what? \_\_\_\_\_

Has your pet been screened for intestinal parasites?  Yes  No  Unsure

Please list any current or previous treatments or medical problems: \_\_\_\_\_



## Caging and Environment Information

Approximate cage dimensions: Height \_\_\_\_\_ x Width \_\_\_\_\_ x Length \_\_\_\_\_ or Gallons \_\_\_\_\_

Do you have a thermometer in the cage?  Yes  No Temperature Daytime: \_\_\_\_\_°F Nighttime: \_\_\_\_\_°F

Where is the cage located in the house? \_\_\_\_\_ Is your pet housed alone? \_\_\_\_\_

How often is the cage cleaned? \_\_\_\_\_ Using what products? \_\_\_\_\_

What do you use on the bottom of the cage? \_\_\_\_\_ How often is it changed? \_\_\_\_\_

Is there a litter box?  Yes  No What Type? \_\_\_\_\_ How often is it changed? \_\_\_\_\_

Describe the cage accessories (bowls, toys, etc.) \_\_\_\_\_



## Diet

<u>Hay</u>	<u>Pellets</u>	<u>Fruits</u>	<u>Veggies</u>	<u>Other (treats)</u>	<u>Total</u> <b>100%</b>

How is the water offered? (e.g., sipper bottle, bowl, cage cup) \_\_\_\_\_ How often is it changed? \_\_\_\_\_

List all vitamin, mineral supplements or medications your pet gets: \_\_\_\_\_

What treats are given? \_\_\_\_\_ How Often? \_\_\_\_\_ How Many? \_\_\_\_\_

