

1938 Roser Ave Varicobert, V.A. 22950 Phone 19401 849-2273

For After Hands Emergency Care, Messe Contact Shedandock Valley, Bestonal Vaterinary Services At 1550 222 1000

Small Mammal History/Husbandry Worksheet

Please answer the following questions as accurately as possible. Health problems relating to improper housing and feeding are common among small pets. Your answers will help us recommend any changes that may influence your pet's well being. We will also provide you with a list of our recommendations to consider.

Today's Date:	Your Name:		
Pet's Name:	Type of pet:	· · · · · · · · · · · · · · · · · · ·	
Has your pet been spayed?	Or neutered?	When?	
1. Has your pet ever had any vaccinations	P YesNo		·
If yes, what and when?	-	· · · · · · · · · · · · · · · · · · ·	
2. Chief complaint/reason for veterinary v	•		
3. How long have you had your pet?	<u> </u>		
4. Where did you acquire your pet?			· · · · · · · · · · · · · · · · · · ·
5. What type of cage is your pet housed in	•		
6. Where is the cage located? (inside, out	side, part of house, etc.)		
7. What is in the cage? (toys, branches, b	· ·		
8. What type of substrate do you use? (sl	navings, towels, newspap	er, carpet, etc.)	•
9. How often do you clean your pet's cag			
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10. What do you feed your pet? List all treats, etc. 11. Do you give your pet vitamins or supplements? If so, what kind and how often? 12. Do you have any other pets? Are they housed separately or together? 13. Is your pet used to being handled? 14. Does your pet ever roam free in the house? 15. To your knowledge, does your pet have any history of disease or illness? 16. Have you noticed any changes in your pet's behavior, eating or drinking habits, or stools I 17. Has your pet been on any medications in the past or is it on any now? If so, what type an	
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