

Rocky Point Animal Hospital



Your Pet, Our Passion

Small Mammal Husbandry Form

Please answer the following questions to the best of your ability. If you are unsure of an answer or do not know an answer, please put that down. Husbandry and nutritional issues are very common in exotic animals. Answering these questions will help your veterinary team recommend, if needed, any changes to improve your pet's health.

Today's Date: _____

Client Name: _____

Pet's Name: _____

Age: _____

Sex: _____ **How was this confirmed?** _____

Spayed or Neutered? _____

1) How long have you had your pet? _____

2) Where did you acquire your pet? _____

3) Has your pet had any vaccines? _____ **Yes** _____ **No**

Vaccine: _____ Date Received: _____

Vaccine: _____ Date Received: _____

4) If you answered yes to the question above, has your pet ever had a vaccine reaction? If so, when and to which vaccine? _____

5) HOUSEHOLD

Are there any other pets in the household, if so, please list how many and what type?

Are any of your pets housed together, or do they come into direct contact with each other?

Does your pet come into contact with other animals that are not part of your household (Pet Store, boarding, shows etc)? If so, where and when?

6) HUSBANDRY

What type of enclosure is your animal housed in (aquarium, wooden, wire), please describe in detail?

What type of bedding/substrate do you use? _____

Where is the cage located in your house? _____

Percent of time your pet spends:

Confined in cage ____ Out without supervision _____ Out under direct supervision _____

What type and brand of food do you feed your pet?

List any supplements or treats given? _____

How often and how much do you feed your pet? _____

How often do you clean your pet's enclosure? _____

What do you use to clean your pets enclosure? _____

Guinea Pigs ONLY: Do you give vitamin C? ____ **Yes** ____ **No**

How often and how much? _____

What form (peppers, tablets, liquid)? _____

7) Have you noticed any recent changes in your pets normal behavior, such as change in appetite, stool production, or temperament? _____

8) Does your pet have any chronic health conditions? If so, please list them? _____

9) Is you pet currently or has your pet in the past ever been on any medications? If so, please list what type and reason for administration. _____

10) Does your pet have any current problems or new changes? If so, please explain. _____

11) Have there been any changes to your pets environment in the past 6 months, if so, please explain:
