

Cape May Veterinary Hospital
(609) 884-1729

Small Mammal History Form

Date _____

Owner's Name _____

Patient Information:

Pet's Name _____ Species (ie: ferret, rat): _____

Birth Date/Approx Age: _____ Colors/Markings: _____

Sex (**Check One**): Male Neutered Male Female Spayed Female Unknown

How long have you had your pet? _____

Is today's visit for a wellness exam or a problem? If problem, please briefly describe:

If your pet is sick or injured, when was he/she last normal? _____

Has your pet been sick previously? **Yes** **No** If yes, please describe _____

Has your pet ever been seen by another veterinarian? **Yes** **No** If yes, please describe the approximate date and reason: _____

Is your pet currently on any medication? **Yes** **No** If yes, please describe _____

Have you noticed any of the following? (**Circle any that apply**)

weight loss - weight gain - masses/lumps - vomiting - any discharge - sneezing - diarrhea - difficulty breathing - excessive shedding - hair loss - scratching - skin sores - head tilt - loss of balance - limping - lethargy - decreased appetite - decreased stools - increased drinking

Housing:

How is pet housed? (glass aquarium, metal cage, loose in room) _____

Bedding(**please circle one**): Care Fresh - Yesterday's News - wood shavings (cedar or pine) - newspaper - other _____

Cage Accessories (**please circle**): sleeping box - house/cave - exercise wheel - shelves - chew toys - dust bath - sipper bottle - water bowl - play tubes - litterbox - other toys - hay hut

Is cage shared with another animal? **Yes** **No** If yes, what species? _____

Diet:

Are fruits, veggies, or greens offered? **Yes** **No** Any favorites? _____

Does your pet have constant access to hay? **Yes** **No** If yes, which kind? (alfalfa, timothy oat, orchard grass, mixed, etc) _____

Is your pet offered a pellets? **Yes** **No** If yes, what brand? (Hartz, Oxbow) _____

Do you offer any treats? **Yes** **No** If yes, list any favorites: _____