

SMALL MAMMAL HISTORY

Client Name (last, first):

Date of Visit: _____



Carrollton West Pet Hospital
3729 Old Denton Road
Carrollton, Texas 75007
(972) 492-1828

Please take a moment to tell us about your pet chinchilla, guinea pig, hamster, mouse, rabbit, or rat.

Name of pet(s): _____

How long have you had your pet? _____ What type of animal is your pet? _____

Purpose of visit: _____

Previous veterinarian, if any: _____

If illness, describe signs, duration, and severity:

Coughing Y / N Sneezing Y / N Vomiting Y / N Diarrhea Y / N Lameness Y / N Scratching Y / N

List existing or previous medical conditions:

List any medications that are being given to the pet(s) named above:

Diet: what is offered and what is eaten; include brand names, frequency of feeding, and method of feeding. Be specific:

Supplements or vitamins: _____

Water:

Dish or bottle: _____ How often is container refilled: _____ How often is container cleaned: _____

Housing:

Size and type of cage: _____

Type of bedding: _____

Frequency of cleaning: _____

Kept alone or with how many others: _____

Exercise:

Method: _____ Frequency: _____

Handling:

How often: _____ By whom: _____

Any other pertinent information: _____
