

Mammal History Form

Patient Name:

Sex:

Species Name:

Date of Birth:

How was the sex of your pet determined? DNA endoscopy Visual OTHER: _____

Origin: Captive bred wild caught import unknown

How long have you had this animal? _____

From where did you obtain this animal? _____

Is your pet vaccinated? Yes No; list vaccinations _____

If a primate, has your animal been tuberculosis (TB) Tested? Yes No; if yes, when? _____

If applicable, do you have a license (DNR/USDA) to own this animal? Yes No

Do you have other pets in the household? Yes No; details _____

If yes, list the number and the species _____

Yes No; details _____

When was the last animal added to your collection? _____

Has your pet had contact with any other animals in the last 30 days? Yes No

Reason for Visit

What is the primary complaint or what signs have you noticed? How long have these problems been present? _____

What health problems has your animal had previously? _____

Has any other animals or person in the household has any illness within the last 30 days? NO YES
If yes, please give details _____

Have any other animals or persons in the household had any illness in the last 30 days?
 NO YES If yes, please give details _____

Diet

How often do you feed your animal? _____

Indicate which foods are eaten and in what amounts (by #, weight, or approx. volume):

- Hay Type? _____ Amount? _____
- Pellets: Brand? _____ Amount? _____
- Fruits/Vegetables? Type? _____ Amount? _____
- Treats: Brand? _____ Amount? _____
- Other: _____

Do you use nutritional supplements? YES NO If yes, how often? _____

What water supply do you provide? Tap water Bottled water River / Rain water

How is the water provided? Bowl Dripper Spray

How often is the water given? _____ How often is it changed? _____

Do you use any water supplements? YES NO If yes, details? _____

Have you noticed any changes in feeding or drinking behavior? _____

Have you noticed any changes in droppings (fecal material, urine & urates)? Please give details _____

Cage Environment

Where is the cage located? Inside Outside Details: _____

What is the cage made of? _____ Cage Size: _____

Are bathing/spraying facilities provided? NO YES If yes, details _____

How often is the cage cleaned? _____ What disinfectants are used? _____

What % of time does your animal spend inside & outside of its cage? Inside _____ Outside _____

Is the animal supervised when out of the cage? NO YES

What are the dimensions of the cage? _____

Have there been any changes in the environment in the last 3 months? NO YES

What decor and furnishings are present? _____

Is there ventilation (grills or mesh)? NO YES If yes, details _____

What bedding do you use? _____

Is your animal litter trained? _____

What is your animal's day and night cycle? _____

Does anyone in the household smoke? NO YES, Do you use aerosolized products? NO YES