

Small Mammal Husbandry Questionnaire for:

Name: _____

Patient information:

- Species: _____ Age: _____
- Spayed/Neutered? _____ Gender: _____
- Source (pet store, breeder, previous owner?) _____
- How long have you owned? _____

Environment: NOTE - Please bring and/or attach picture(s) of the enclosure

- Does your pet spend anytime outside of the house? _____
- Does your pet spend anytime outside of the cage? _____
 - If yes, is your pet supervised the whole time? _____
- What type of litter/bedding do you use? _____
- Please list any sprays, air fresheners, smoke, or candles that you might use in the same room as your pet: _____

Diet:

- Please list all foods and treats, and the approximate amounts that your pet gets:
 - _____
 - _____
 - _____
 - _____
 - _____
- Any supplements/vitamins? _____ If yes, what kind? _____

Other pets:

- Have you obtained any new pets in the last 6 months? _____
- What other pets are in the house? _____

Health:

- Any previous health issues? _____
- Has your pet ever received vaccines? _____
 - If yes, what kind and when? _____
- If your pet is sick, please briefly describe the signs and duration of signs: _____

