

Small Mammal History Form

1. How long have you owned your pet? _____
2. Where did you get your pet from? _____
3. Do you own any other pets? yes no
 - a. If so, how many and what species? _____
 - b. Do any of them share an enclosure with your pet? ___yes ___no
4. What kind of enclosure is your pet in? _____
 - a. How big is the enclosure? _____
 - b. What kind of bedding do you use? _____
 - c. Does your pet use a litter box? ___yes ___no Litter type: _____
 - d. What types of toys, hides, or wheels are in the enclosure? _____
 - e. Do you use a water bottle or a water dish? ___bottle ___dish
5. How often is your pet allowed out of their enclosure? _____
 - a. Does your pet ever use a ball to roam the house? ___yes ___no
 - b. Does your pet have any outdoor access? ___yes ___no
6. What diet do you mostly feed your pet? _____
 - a. Is this food a mix of pellets and nuts/corn/seeds etc. or plain? ___mix ___plain
7. What kind of fruits or vegetables do you offer your pet? _____
8. What kinds of treats do you offer your pet? _____
9. What type of hay do you offer your pet? _____
10. Does your pet get any medications or supplements? yes no

Please list: _____

Is there any other important information that we should be aware of? (Previous medical history, any current concerns with your pet, questions you want to be sure you get answered)