

MAMMAL HISTORY FORM

A detailed history is essential to provide the most appropriate veterinary care for your animal. Please complete this form as accurately as possible. If there is anything you are unsure about you can discuss it in more depth with the veterinary staff during your appointment.

ANIMAL DETAILS

Name or identification: _____

Common or scientific species name: _____

Date of birth: _____. Age: _____. Sex: M M/Neutered F F/Spayed Unknown

How long have you had this animal? _____

From where did you obtain this animal? _____

Is your animal vaccinated? N Y List vaccines and dates given. _____

If a primate, has your animal been tuberculosis (TB) tested? N Y , if yes when? _____

If applicable, do you have a license (DNR/USDA) to own this animal? N Y

(Please bring your license with you as a photocopy will be required for the medical record)

Do you have any other pets in the household? N Y

If so, list the number and the species. _____

When was the last animal added to your household? _____

Has your pet had contact with any other animals in the last 30 days? _____

CAGE ENVIRONMENT

Where is the cage located? inside outside Provide details. _____

What percentage of time does your animal spend in the cage? _____

Is your animal supervised when out of the cage? N Y

What is the cage made of? _____

What are the dimensions of the cage? _____

Have there been any changes in the environment in the last 3 months? N Y Give details. _____

What décor and furnishings are present? _____

Is there ventilation (grills or mesh)? N Y Please give size/details. _____

What bedding do you use? Please give details. _____

Is your animal litter trained? N Y

Do you provide any bathing facilities? N Y Please give details. _____

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

Are there any smokers in the house? N Y Do you use aerosolized substances? N Y

How often is the cage cleaned? _____

What cleaning/disinfectant agents are used? _____

Please write any other comments or details of relevance on the back of this form

DIET

How often do you feed your animal? _____.

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

Pellets brand/amount? _____ Hay type/amount? _____.

Vegetables type/amount? _____ Fruits type/amount? _____.

Treats type/amount? _____ Other details? _____.

Meat or meat products type and amount? _____.

Do you use any nutritional supplements? N Y , if yes what, how much, and how often; _____.

What water supply to you provide? tap water bottled water rain/river water

How is water provided? bowl dripper system how often; _____.

How often is the water changed? _____.

Do you use any water supplements? N Y , please give details; _____.

Have you noticed any changes in feeding or drinking behavior? please give details; _____.

Have you noticed any changes in the droppings? Please give details _____.

REASON FOR PRESENTATION TODAY

What is the primary complaint or what signs you have noticed? _____.

Has this animal had previous health problems? N Y , please give details; _____.

Have any other animals or persons in the household had any illness within the last 30 days?

Has your animal received any medications in the last 3 months (i.e. heartworm medication, dewormer, flea treatments)