



Animal Hospital of Pensacola
Small Mammal Patient History

Pet name: _____ Date: _____
Species/Breed: _____ Color: _____
Age/ D.O.B: _____ actual/estimate Male Female Unknown
Spayed or neutered? Yes _____ No _____ Unknown _____

How long have you owned this pet? _____
 Where did you acquire your pet? _____
 Any previous health concerns? _____
 Does your pet have a microchip? Yes _____ No _____ Unknown _____

ENVIRONMENT

Any smoke, aerosols, sprays or powders used in the home? _____
 Have you or your pet been in contact with any other pets within 30 days? _____
 What type of cage do you use? _____ indoor/outdoor
 How long in cage? _____ How long out of cage? _____
 Where is it? _____ Size: _____
 What is used in the bottom of the cage? _____
 How often is cage changed/cleaned? Daily _____ Weekly _____ Monthly _____
 What type of cleaning chemical is used? _____
 What type of toys/furnishings are in the cage? _____

DIET

- What brand of food do you feed? _____
- What vegetables/fruit do you offer? _____
 - How often do you offer vegetables? _____ Fruit? _____
- What supplements and/or treats do you give your pet?

- Do you provide hay for your pet (rabbit, guinea pig, chinchilla)? Yes ___ No ___
 - What kind? _____ How much do they eat? _____
- Do you give your pet tap or purified water? _____
 - Do they used a sipper bottle or a bowl? _____
- How often is food and water changed? _____
- How often are the food dishes washed? _____
- What type of soap/disinfectant is used? _____

List Other Pets (avian, exotic, dog, cat, etc.) in the Home

Pet's Name: _____

Breed: _____

Age: _____ Sex: _____

Pet's Name: _____

Breed: _____

Age: _____ Sex: _____

Pet's Name: _____

Breed: _____

Age: _____ Sex: _____

Pet's Name: _____

Breed: _____

Age: _____ Sex: _____