Small Mammal History Form Southport Animal Hospital

Animal Details

Pet's name:		Bree	d/Species:		
DOB:	_ Age:	Sex: Male	_ Female	Intact? Yes	No
How long have you h	nad this pet?				
From where did you	obtain this pe	et?			_
Any reproductive his	tory? Yes/No	If yes, details			
How often is your pe	et handled? _				
Do you have any oth	er small mam	nmals or other _l	oets? Yes/No		
If yes, please list all p	oets:				
Have you or your pe	t had any con	tact with anoth	er of its kind w	vithin the last 3	30 days? Yes/No
Reason for Presenta	tion Today				
What is the primary	complaint or	what signs hav	e you noticed?		
How long have these	e problems be	een present?			
What health problen	ns has your p	et had previous	ily?		
Has your pet receive	d any treatm	ent for these pi	oblems within	the last 30 da	ys? Yes/No
If ves details:					

Have you noticed any change in behavior? Explain.
Environment & Enclosure
What type of enclosure is used for this pet?
Enclosure size: What is it made of?
Type of bedding used:
What furnishings or décor present?
Is this enclosure indoors or outdoors? Details on location:
How often is the enclosure cleaned?
What cleaning products are used?
Is your pet housed with others of its kind? Details:
Rabbits/Ferrets: Is your pet allowed to roam through the house? Yes/No
Have there been any changes to the pet's environment within the last 3 months? Yes/No
If yes, details:
Diet
List all foods/treats your pet eats & their amounts:

How often do you feed your pet?				
Where do you obtain your pet's food?				
Do you give any supplements? Details:				
Is water readily available? Yes/No How is water provided?				
Have you noticed changes in food/water intake? Yes/No Details:				
Have you noticed any changes in urine/feces? Yes/No Details:				
Does your pet chew on things regularly? Yes/No				
What do you give your pet to chew on?				
Has your pet ever had its teeth trimmed or cleaned? Yes/No Details:				
Additional Comments:				

^{*}Please feel free to send pictures of your pet's enclosure or any visible health concerns to southportah@gmail.com prior to your appointment*