

Small Mammal History/Husbandry

Thank you for giving us the opportunity to care for your pet. We'll be happy to answer any questions you may have about your pet's health. Health problems related to improper housing and feeding are common among pet mammals. Your answers will help us to recommend any changes that may influence your pet's well being. We will also provide you with a list of our recommendations for you to consider.

Owner _____ Driver's License # _____

Street Address _____ City/State/Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ E-Mail Address _____

Emergency Contact Name _____ Emergency Contact Phone Number _____

List any person(s) authorized to make medical decisions on your behalf _____

How did you learn about our clinic? _____ Yellow Pages _____ Recommendations _____ Sign _____ Other _____

If recommended, by whom? _____

Number of pets: Small Mammals _____ Dogs _____ Cats _____ Other (Specify) _____

Reason for visit: _____

Patient Name: _____ Sex (circle one):

Type of Pet: _____ Male _____ Neutered _____ Female _____ Spayed _____

Birthdate or Approx. Age: _____ Color/Markings: _____

1.) How long have you had your pet? _____

2.) Who is the primary care giver? _____

3.) Where did you acquire your pet? _____

4.) What kind of cage is your pet housed in? (I.e. aquarium, plexiglass, wooden) _____

5.) Describe the size & type. _____

6.) Do you use UV lights? Yes _____ No _____ Please List the brand and type. _____

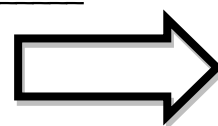
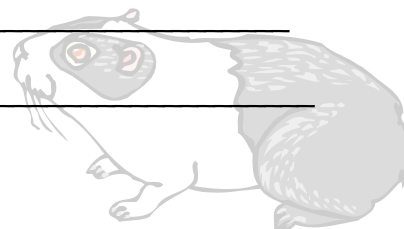
7.) What toys are given? _____

8.) What kind of substrate do you use? (shavings, towels, newspaper) _____

9.) Is your pet litter trained? If so, what litter is used? _____

10.) Does your pet spend anytime outdoors? Yes _____ No _____

11.) Is your pet housed alone or with other pets? _____



12.) How often do you clean your pet's cage and what do you use to clean it? _____

13.) Is your pet currently used to being handled? Yes ___ No ___

14.) Does your pet receive regular exercise, please describe. _____

15.) Describe your pet's diet in length (including treats). _____

16.) Do you use hairball preventative, if so, describe. _____

17.) Do you use vitamin supplements? Yes ___ No ___ Please describe _____

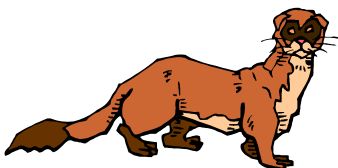
18.) Have you noticed any changes in your pet's behavior, eating or drinking habits, or stool lately?

19.) To your knowledge, is there a history of illness or injury? Yes ___ No ___

20.) Has your pet been on any medication in the past or is it on any now? What medication and what dosage?

21.) How is it administered? _____

22.) Vaccinations (ferret only): _____



Authorization



I hereby authorize the veterinarian to examine, prescribe for, or treat the above-described pet. I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment. A finance charge of 2.0% will be added to any account more than 30 days past due. As the FDA has not approved any medications for use on exotic pets, I am aware that medications prescribed are done so on an extra label basis and hereby give my consent. If we are required to submit your account to collections, a \$25 fee will be applied.

Signature _____ Date _____

*Methods of payment accepted: Cash, Check, Mastercard, Visa, American Express, Discover, and Care Credit