

# Small Mammal New Patient History



Specialized Care for Avian & Exotic Pets  
10882 Main St. Clarence, NY 14031  
(716) 759-0144 fax (716) 759-0146

## ● This Visit

Date: \_\_\_\_\_ Reason for visit today? \_\_\_\_\_

How did you hear about us (Internet, family, friend, client, pet store, etc.)? \_\_\_\_\_

Have you been referred by another veterinarian? No - Yes (Name of Vet: \_\_\_\_\_)

\*\* If your veterinarian has officially referred your pet to us, so that we may maintain good working relationships, we will not be able to provide care for other pets you may own and request that you maintain routine care for this patient with your primary veterinarian.

## ● Owner and Pet Identification

Owner's Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Please select how you prefer for health reminders • e-mail • regular mail • cell phone

Emergency Contact and Phone Number: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Breed if Known: \_\_\_\_\_

Pet's Date of Birth or Age: \_\_\_\_\_ Date Acquired: \_\_\_\_\_

Sex: Male - Female - Unknown

Where was the pet obtained: • Pet Store • Animal Shelter • Breeder • Rescue Group • Other

Color: \_\_\_\_\_

## ● Diet

Pelleted Food: include brand name and amount fed daily: \_\_\_\_\_

Please list any "table foods" and treats fed and amount fed daily: \_\_\_\_\_

Fruits and Vegetables: please list type(s) and amount fed daily: \_\_\_\_\_

Hay: please list types and amount fed daily: \_\_\_\_\_

Do you offer any form of home made diet? If yes, what, and how is it made?: \_\_\_\_\_

Do you offer any insects as part of the diet (where applicable)? If yes, what kind?: \_\_\_\_\_

Do you give your pet vitamins or other supplements? Yes - No

If yes, please list what, how much, and how often: \_\_\_\_\_

How is water offered? Bowl -And/Or - Bottle

What Kind of Water? Tap Water - Bottled - Filtered

## ● Housing and Environment

Is your pet housed? *Caged - Free roam in house*

For hedgehog patients: At what temperature is the cage kept at? \_\_\_\_\_

How much out of cage time does your pet have daily? \_\_\_\_\_

What type of bedding does your pet have? *Cedar shavings - Pine shavings - Aspen shavings - Towels - Carefresh - Cat Litter - None - Other:* \_\_\_\_\_

How often is the cage cleaned? \_\_\_\_\_

What is used to clean the cage? (e.g. white vinegar, etc.) \_\_\_\_\_

Do you have other pets? \_\_\_\_\_

If yes, are they housed in the same cage? *Yes - No*

List any other pets in the home: \_\_\_\_\_

Have any other pets been sick or have any died in the last 12 months? *Yes - No*

## ● Previous Medical History

Has your pet had any previously diagnosed illness? *Yes - No*

If yes, please describe: \_\_\_\_\_

Has your pet had any laboratory tests performed? *Yes - No*

If, YES please circle: *Blood work - Fecal exam - X-rays - Other* \_\_\_\_\_

Has your pet ever had surgery? *Yes - No*

If yes, please describe \_\_\_\_\_

## Have You Noticed?

\_\_\_ Decreased or loss of appetite

\_\_\_ Hair loss

\_\_\_ Diarrhea

\_\_\_ Weight loss

\_\_\_ Increased sleeping

\_\_\_ Itchiness

\_\_\_ Weakness, glazed eyes

\_\_\_ Personality change

\_\_\_ Lameness

\_\_\_ Difficulty breathing

\_\_\_ Eye/nose discharge