



## SMALL MAMMAL HISTORY FORM

Revised 5.9.24

A detailed history is essential to provide the most appropriate veterinary care for your animal. Please complete this form as accurately as possible. Please email pictures of habitat to [reception@lanieranimalhospital.com](mailto:reception@lanieranimalhospital.com).

### ANIMAL DETAILS

Name or identification: \_\_\_\_\_ Common or scientific species name: \_\_\_\_\_

Approximate Age: \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_ Neutered/Spayed \_\_\_\_\_ Unknown \_\_\_\_\_

How long have you had this animal? \_\_\_\_\_

From where did you obtain this animal? \_\_\_\_\_

Is your animal vaccinated? \_\_\_\_\_ List vaccines and dates given: \_\_\_\_\_

Do you have any other pets in the household? \_\_\_\_\_ If so, list the number and the species: \_\_\_\_\_

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? \_\_\_\_\_

What is the cage made of? \_\_\_\_\_ What are the dimensions? \_\_\_\_\_

Is there ventilation (grills or mesh)? \_\_\_\_\_ Provide details: \_\_\_\_\_

What bedding do you use? Provide details: \_\_\_\_\_

What is your animal's day and night cycle? \_\_\_\_\_

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

### DIET

How often do you feed your animal? \_\_\_\_\_

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

Pellets \_\_\_ brand/amount? \_\_\_\_\_ Hay \_\_\_ type/amount? \_\_\_\_\_

Vegetables \_\_\_ type/amount? \_\_\_\_\_ Fruits \_\_\_ type/amount? \_\_\_\_\_

Treats \_\_\_ type/amount? \_\_\_\_\_ Other \_\_\_ details? \_\_\_\_\_

Meat or meat products \_\_\_ type/amount? \_\_\_\_\_

Do you use any nutritional supplements? \_\_\_\_\_ If yes, type/how much/how often? \_\_\_\_\_

How is water provided? bowl \_\_\_\_\_ dripper system \_\_\_\_\_ how often? \_\_\_\_\_

How often is water changed? \_\_\_\_\_ Do you use any water supplements? \_\_\_\_\_ If yes, provide details \_\_\_\_\_

### REASON FOR APPOINTMENT TODAY

What is the primary complaint or what signs have you noticed? \_\_\_\_\_

Has this animal had previous health problems? \_\_\_\_\_ If yes, provide details. \_\_\_\_\_

Has your animal received any medications in the last 3 months? \_\_\_\_\_ Please list. \_\_\_\_\_