

Exotic Mammal History

Owner's Name: _____ Date: _____

Name of pet: _____ Age: _____ Sex: _____

What type of animal is your pet? _____

How long have you had your pet? _____

Purpose of this visit: Wellness/Annual _____ New pet _____ Sick/Injured _____ Second Opinion _____

If the pet is here for an illness or injury, describe signs, duration, and severity:

Medical history:

Previous veterinarian, if any: _____

List existing or previous medical conditions: _____

List any medications that are being given: _____

Diet:

What is offered and what is eaten (include brand names, frequency of feeding, and method of feeding)? Please be specific. _____

What supplements or vitamins are given? How much/how often? _____

Water:

How is water provided (dish, bottle)? _____

How often is the water container refilled? _____

How often is the water container cleaned? _____

Housing:

List size and type of cage (aquarium, wire cage, etc): _____

Type of bedding: _____

Frequency of cleaning: _____

Cleaning products used: _____

Are other animals kept in the same cage with this pet? _____ What species/how many?

What other pets are in the household? _____

Handling:

Is it allowed out of the cage? How often/how long? _____

Who handles this pet? (if children, please list ages) _____

How often: _____

Additional comments/concerns:

Ferrets only: Date of last Distemper vaccination: _____ Rabies: _____