



SMALL ANIMAL MEDICINE & SURGERY

3200 Sherrills Ford Road
Salisbury, NC 28147
704-636-6613

NEW PATIENT INFORMATION Exotic Mammal Husbandry & History

Today's Date _____

	You
Name	_____
P.O. Box	_____
Street Address	_____
City, State, Zip	_____
Home Phones	_____
Cell Phones	_____
Work Phones	_____
E-Mail	_____
Employer	_____
Employer Address	_____
City, State, Zip	_____

	Spouse or 2 nd Contact
Name	_____
P.O. Box	_____
Street Address	_____
City, State, Zip	_____
Home Phones	_____
Cell Phones	_____
Work Phones	_____
E-Mail	_____
Employer	_____
Employer Address	_____
City, State, Zip	_____

General:

Pet's name: _____ Age: _____ Sex: M _____ F _____ Unknown _____

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: _____

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:** _____