



Small Mammal Questionnaire

Owner's name:  
 Other caretakers:  
 Date:

Name of Pet:  
 Species: Sex: Male/Female/Unknown  
 Age/date of birth: Date acquired:  
 Source: pet shop/friend/breeder (circle appropriate) or other:  
 Do you have other pets? Y/N If yes please give details:

Name	Species	Date acquired	Source	Any illnesses?

What exposure does the patient have to the other pets?

Enclosure: *Please bring a photo of enclosure to appointment if possible.*

Dimensions: H \_\_\_\_\_ W \_\_\_\_\_ D \_\_\_\_\_

What material is the enclosure made out of?:

What bedding is on the bottom of the enclosure and when is it changed?:

What objects/furniture are in the enclosure?:

How and when is the enclosure cleaned:

What types of food are offered and consumed, including how much and how often?

Have you changed the diet recently? Y/N If yes please state when and describe the previous diet:

Do you give: If so please name and state the way you give them (ie sprinkled over food, etc)

Vitamins Y/N Medicines Y/N  
 Minerals Y/N Probiotics Y/N

The presenting problem:

Please describe your pet's clinical signs (symptoms):

Is the appetite normal? Y/N

Difficulty chewing food? Y/N

Any nasal or ocular discharge? Y/N

Any noisy breathing or bubbles from the nose? Y/N

Is the skin/coat normal? Y/N

Are the stools normal in appearance, size, and amount? Y/N

If no, please describe and state when the change occurred:

Additional comments: