

# Small Mammal Medical History

Date: \_\_\_\_\_

Species \_\_\_\_\_

Client Name: \_\_\_\_\_ Animal Name: \_\_\_\_\_

1. When and from where did you acquire this pet? \_\_\_\_\_  
\_\_\_\_\_
2. What problems have you noticed? \_\_\_\_\_  
\_\_\_\_\_
3. When did this start? \_\_\_\_\_  
\_\_\_\_\_
4. Is there a history of previous illness? What treatment was prescribed, and was it effective? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. What diet is being fed? (brand name, please include nutritional supplements) How often? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Is the pet eating and drinking normally? \_\_\_\_\_  
\_\_\_\_\_
7. Describe cage set up and bedding. \_\_\_\_\_  
\_\_\_\_\_
8. Have there been any recent changes to this animals environment or diet? \_\_\_\_\_  
\_\_\_\_\_
9. Have there been any changes in stools? Urination? \_\_\_\_\_  
\_\_\_\_\_
10. Has there been any coughing? sneezing? lethargy? other symptoms? \_\_\_\_\_  
\_\_\_\_\_