

OSU Veterinary Medical Hospital

Small Mammal History Form

ID Label Here

Name: _____

Species: _____

Client: _____

Date:

Animal Information:

Time Owned: _____ # of previous owners?

Source: _____ Captive Bred Wild Caught Unknown

Primary Care Giver: _____ Other people in house, # and ages of children:

Other Pets; Note most recent addition:

Owner or pets in contact with other mammals?

Quarantine procedure?

Housing:

Outdoor Indoor Ever Outside? _____ Shared Enclosure: Y/N

Cage Dimensions: _____ x _____ x _____ Made of: _____ Floor solid or grated? _____

Single or multi-level:

Shavings Used: Y/N Type: _____ Litter Box: Y/N Litter Used: _____

Cleaning Regime:

Free Run: Y/N Time out per day: _____ Supervised: Y/N

Toys?:

Wheel? Solid/Slats?:

Supplemental heat?:

Thermometer?: Y/N Temperature Range:

Any exposure to wild animals/pests?:

Diet:

Pelleted Food: Y/N Brand: _____ Amt/Day:

Hay: Y/N Type: Alfalfa/Timothy/Mix Amt/Day:

How is food stored? Last bag opened when?

Seeds or Grains: Y/N

Treats offered: Frequency:

Salt Lick: Y/N Mineral Block: Y/N

Other supplements? Frequency:

Water: Dish/Bottle

Changing Frequency:

Fresh Food Offered: Daily/Occasionally/None

Amount Offered:

Fruit/Type:

Veggie/Type:

General:

Reproductive Status: _____ Last litter? _____ How many?

Baths Frequency: _____ Dustbaths Frequency: _____

Brushing: Y/N Nail trim: Y/N Ear cleans: Y/N Product Used:

Hairball Remedy: Y/N Type: _____ Frequency: _____

Vaccination: Y/N When? _____ For what disease(s)?

Previous Health Problems? _____ On-going Medications: _____