



MAMMAL HISTORY FORM

A detailed history is essential to provide the most appropriate veterinary care for your animal. Please complete this form as accurately as possible. If there is anything you are unsure about you can discuss it in more depth with the veterinary staff during your appointment.

ANIMAL DETAILS

Name or identification: _____

Common/scientific species name: _____

Date of birth: _____ Age: _____

Sex: M M/Neutered F F/Spay Unknown

How long have you had this animal: _____

From where did you obtain this animal: _____

Is your animal vaccinated: N Y

If yes, list vaccines and dates given: _____

If a primate, has your animal been tuberculosis (TB) tested? N Y

If yes, when: _____

If applicable, do you have a license (DNR/USDA) to own this animal? N Y

(Please bring your license with you as a photocopy will be required for the medical record)

Do you have any other pets in the household? N Y

If yes, list the number and species: _____

When was the last animal added to your household: _____

Has your pet had contact with any other animals in the last 30 days N Y

If yes, when and what species: _____

CAGE ENVIRONMENT

Cage location: Inside Outside

Percentage of time your animal spends in the cage: _____

Is your animal supervised when out of the cage: N Y

What is the cage made of and what are the dimensions: _____

Have there been any changes in the environment in the last 3 months? N Y

If yes, give details: _____

What décor and furnishings are present: _____

Is there ventilation? N Y Details: _____

What bedding do you use: _____

Is your animal litter trained: N Y Do you provide any bathing facilities: N Y

If yes, give details: _____

Animal's day/night cycle: _____ Are there any smokers in the house: N Y

Do you use aerosolized substances: N Y

How often is the cage cleaned: _____

What cleaning/disinfectant agents are used: _____

DIET

How often do you feed your animal: _____

Which foods are eaten and in what amounts (by weight or approx. volume)...

Pellets - brand/amount? _____

Hay - type/amount? _____

Vegetables - type/amount? _____

Fruits - type/amount? _____

Treats - type/amount? _____

Meat/Meat products - type/amount? _____

Other - _____

Nutritional supplements - type/amount/frequency? _____

What water supply do you provide? tap water bottled water rain/river water

How is water provided? bowl dripper system

How often is the water changed: _____

Do you use any water supplements? N Y Details: _____

Have you noticed any changes in feeding or drinking behavior? N Y

Details: _____

Have you noticed any changes in the droppings? N Y Details: _____

REASON FOR PRESENTATION TODAY

What is the primary complaint or what signs you have noticed: _____

Has this animal had previous health problems? N Y Details: _____

Have any other animals or persons in the household had any illness within the last 30 days: N Y Details: _____

Has your animal received any medications in the last 3 months (i.e. heartworm medication, dewormer, flea treatments) N Y Details: _____
