Date: _________________

Instructions: An accurate history of your pet is extremely important. We would appreciate your cooperation in providing us with the following information. Please check the appropriate boxes or use the spaces provided. Thank You.

**Patient information: Species:** ________________________________________________________________

**Gender:** Male □ Female □ Unknown □

**Spayed/ Neutered** Yes □ No □ Unknown □

**Date of birth:** ____________________________

**Date acquired and source (pet store, breeder and previous owner):** ________________________________

**Number of previous owners (other than the breeder or store):** ______

**What states and countries has your pet lived in:** ____________________________________________

**Environment**

**Is the animal kept in doors or outdoors:** ____________________________________________________

**Describe the cage enclosure (type, size, objects in the cage, dust baths, toys, etc.):** ________________

_________________________________________________________________________________________

_________________________________________________________________________________________

_________________________________________________________________________________________

**What material is used to line the bottom of the cage/litter pan:** ________________________________

**Is the animal kept in a cage with other animals?** Yes □ No □
If you answered yes to the previous question, how many cage-mates are there? ______________________

What sex are the cage-mates? ________________ Are the cage-mates spayed/neutered? ________________

Please list all other pets in the household: ______________________________________________________________________________________

________________________________________________________________________________________

Have there been any new pets (within the past six months) placed in this animal's cage? ______________

How much time does your pet spend outside of the cage? __________________________________________

Is your pet supervised when it is out of the cage? ![at all times][sometimes][no]

Does your pet chew on carpet or other objects/materials when outside of the cage?___________________

________________________________________________________________________________________

List recent changes in the environment, if any: ___________________________________________________

________________________________________________________________________________________

**Diet**

What amount of your pet's diet consist of the following (please describe what animal actually eats,( not what is offered): _______________________________________________________________________________

Amount of Hay (Timothy, Alfalfa, etc.) _________________________________________________________
Amount of Pellets (Timothy, Alfalfa, etc.) _______________________________________________________
Amount of Seeds (type/brand) ___________________________________________________________________
Amount of Vegetables (types) ___________________________________________________________________
Amount of Fruits (types) _______________________________________________________________________
Other ______________________________________ Amount and type _______________________________________

How often do you change your pet's food? _____________________________________________________

What (if any) treats do you give your pet (brand and amount)? ____________________________________

Do you supplement your pet with any vitamins? Yes [No] No [No]

Is the food or water supplemented with vitamins? Yes [No] No [No]

Brand and frequency? _______________________________________________________________________

Please describe any recent change to your pet's diet? ____________________________________________

________________________________________________________________________________________
Reproductive

Has this pet been bred before? Yes □ No □ If yes how, many times? _______

When was it last bred? __________________________

What was the size of all previous litter(s)? ______________________________

Was the litter healthy? Yes □ No □

Do you plan on breeding this pet in the future? Yes □ No □

Is your pet here for a wellness check-up ___ or is it sick ___ (please check one)?
If your pet is sick, please describe the signs and how long your pet has been showing these signs: __________

________________________________________________________________________________________

________________________________________________________________________________________

Is your pet's activity level, normal □ decreased □ or increased □?
Is your pet's appetite, normal □ decreased □ or increased □?

Have you noticed any of the following?

Weight loss: Yes □ No □

Weight gain: Yes □ No □

Discharge from the eyes or nose: Yes □ No □

Increased breathing rate or effort: Yes □ No □

A change in the droppings: Yes □ No □

Increase in thirst: Yes □ No □

General weakness: Yes □ No □

Please describe: _____________________________________________________________
Previous Conditions

Has your pet had any previous conditions, operations or problems (including dental or gastrointestinal problems)? Yes ☐  No ☐

Please List: __________________________________________________________

____________________________________________________

Miscellaneous

Is your pet currently on any medications? Yes ☐  No ☐

Please list: __________________________________________________________

Has your pet been on any medications in the past? Yes ☐  No ☐

Please list: __________________________________________________________

Is there anything else you would like done today? Yes ☐  No ☐

Nail trim, etc.? ______________________________________________________

Do you have any questions or need additional information? Yes ☐  No ☐

Please list: __________________________________________________________

____________________________________________________

____________________________________________________