

Date:

Time:

Exotic Mammal Patient History

Type: Ferret, Rabbit, Guinea Pig, Hamster, Mouse, Rat, Other	Breed/Species
History (SO)	
Reason for visit?	
Signs?	
Where acquired?	
Length of Ownership/Approximate age?	
Other pets in household?	
Previous illness/treatment?	
Illness in family members/other pets?	
Change in droppings?	
Date of last vaccination?	
Sexually altered?	
Date of last litter or heat?	
Appetite?	
Activity level?	
Comments:	
Housing (SO)	
Type and Size of enclosure?	
Type and number of toys/hide areas?	
Type of flooring substrate?	
Frequency cleaned?	
Last time cleaned?	
Is animal allowed out of cage?	
Length of time out/supervised when out?	
Comments:	
Diet (SO)	
Brand/type of commercial diet?	
Purchase amount/time to use?	
Fresh fruits/veges?	
Hay? Timothy/Alfalfa?	
Dairy products?	
Other (nuts, meats, eggs, bread)?	
Supplements?	
Water source (tap,filtered,well)?	
How supplied (bowl, dripper bottle)?	
Frequency changed/cleaned?	
Comments:	

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