

EXOTIC MAMMAL HISTORY



Owner's Name: _____ Date: _____

Pet Information:

Pet's Name: _____

What type of animal is your pet? _____

How long have you had your pet? _____

Purpose of this visit: Wellness/Annual New pet Sick/Injured Second Opinion

Source (breeder, pet shop): _____

Medical History

Previous veterinarian (if any): _____

List existing or previous medical conditions: _____

List of any medications that are being given: _____

Diet

What is offered and what is eaten (include brand names, frequency of feeding, and method of feeding)?

Please be specific: _____

What supplements or vitamins are given? How much/how often? _____

Water

How is water provided (dish, bottle)? _____

How often is the water container refilled? _____

How often is the water container cleaned? _____

Housing

List the size and type of cage (aquarium, wire cage etc.): _____

Type of bedding: _____

Frequency of cleaning: _____

Cleaning products used: _____

Are other animals kept in the same cage with this pet? Yes No

What other pets are in the household? _____

Handling

Is it allowed out of the cage? Yes No

Who handles this pet, and how often? (If children, please list ages): _____

Additional comments/concerns: _____

Ferrets Only

Date of last Distemper vaccination: _____

Date of last Rabies vaccination: _____