



Brown County Veterinary Hospital
1476 University Ave.
Green Bay, WI 54302
(920)435-5000

Small Mammal History Form

Your pet's name: _____ Sex: M F Unknown

Species: _____

How long have you owned your pet? _____

If your pet is a female, has she ever given birth? _____

Is your pet used for breeding? _____

Where did you get this animal? (Breeder, private home, pet store, surrendered)

Are there any other animals in the house? If yes, how many and what kind?

Have there been any recent changes in the household? (new people, pets, remodeling)

Housing

Where is your pet kept? In detail (%of the time)

Describe your pet's cage (size, shape, toys, hiding/sleeping facilities)

Is your pet housed alone? _____

List day/night temperature of your pet's enclosure. _____

What do you cover the bottom of the cage with? _____

How often is the cage cleaned and what do you use to clean it? _____

Does anyone smoke inside the house? _____

Diet

What foods are offered and in what amounts? (e.g. for rabbits, 90% hay and 10% pellets)

Do you feed any treats? How often, what kind, how many?

Has there been any recent diet change? Describe: _____

How is the water supplied? (e.g. sipper bottle, bowl, cage cup) _____

Health

Have you notice any change in your pet's behavior? (more sleeping, more aggressive, hiding, etc.)

Have you noticed any change in your pets droppings? (e.g., frequency, color, loose or firm)

Is anyone in your house immunocompromised? (very young or old, receiving chemotherapy or an organ transplant)

Reason for today's visit

What signs have you noticed that prompted today's visit?

How long have you noticed the problem?

Has your pet been sick previously?

Has your pet been seen by another doctor? If yes, when and for what purpose?

Have any tests been previously conducted on your pet? (blood work, x-rays, fecal tests, other)

Does your pet take any medications? If yes, what kind and for how long?

Additional comments, concerns, or requests:

