



### Small Mammal Questionnaire

Client Name: \_\_\_\_\_

Email: \_\_\_\_\_

Pet Name: \_\_\_\_\_

Type of Pet: \_\_\_\_\_

**Reason for Visit:** (please check off all that apply)

- Pre-purchase Exam
- Post-purchase Exam
- General health check
- Yearly check-up
- Other (see list below)

- |   |   |
|---|---|
| <input type="checkbox"/> hair loss or sores                         | <input type="checkbox"/> sores or swelling around mouth |
| <input type="checkbox"/> discharge from eyes or nose                | <input type="checkbox"/> teeth protruding from mouth    |
| <input type="checkbox"/> coughing/sneezing                          | <input type="checkbox"/> difficulty eating              |
| <input type="checkbox"/> difficulty breathing                       | <input type="checkbox"/> excessive salivation           |
| <input type="checkbox"/> lameness                                   | <input type="checkbox"/> distended abdomen/bloated      |
| <input type="checkbox"/> lethargy/weakness                          | <input type="checkbox"/> ear problems                   |
| <input type="checkbox"/> not eating/eating less                     | <input type="checkbox"/> eye problems                   |
| <input type="checkbox"/> change in quantity or consistency of stool |   |

How long have you noticed these signs? \_\_\_\_\_

How long have you owned your pet? \_\_\_ weeks \_\_\_ months \_\_\_ years

Does your pet have a cage mate, and if so how many?  No  Yes \_\_\_\_\_

Where did you obtain your pet?  Pet store  friend  breeder other \_\_\_\_\_

What do you feed your pet? \_\_\_\_\_

How often do you feed it? \_\_\_\_\_

Briefly describe the cage/hutch it lives in:

- wire bottom
- solid flooring
- aquarium
- has place to hide
- other \_\_\_\_\_

Substrate or bedding in bottom or cage: \_\_\_\_\_

What is your pet's water source?  bowl  bottle Is it actively drinking from this source? \_\_\_\_\_