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Exotic (Small Mammal) History Form

Please fill out all information to the best of your abilities before your initial appointment.

Name or identification:

Species:

DOB:

Sex:

How long have you owned this animal?

How did you obtain this animal?

Is your animal vaccinated?

Any other pets in the household?

Any contact with any other animals in the last 30 days?

Where is the cage located?

% of time caged?

Supervision when out of cage?

What is cage made of?

Cage Dimensions:

Any changes to environ in last 3 months?

Decor and furnishings present?

Type of bedding used?

Is there ventilation? (grills or mesh)

Litter trained?

Any bathing facilities provided?

Day night cycle?

Any smokers in the house?

Do you use aerosolized substances?

Cage cleaning frequency?

Cleaning and disinfectant agents used?

How often do you feed your animal?

Nutritional Supplements:

Water supply provided?

How is water provided?

Water change frequency?

Water Supplements:

Recent changes in feeding or drinking behavior?

Any changes in droppings?

Primary Complaint or signs noticed?

Any previous health issues?

Illness by other animals or persons in home w/i last 30 days?

Received any meds in last 3 months?