

Small Mammal Information Sheet

Owner's First Name: _____ Owner's Last Name: _____

Patient name: _____ Species: _____

Where did you get them (breeder, stray, shelter, etc.)? _____

How long have you had them? _____

Is this your first time adopting this species? _____

Does your animal spend time in a cage (circle)? Yes No

What is it made of? _____

How large is it (dimensions)? _____

What sort of material is at the bottom (CareFresh, pine/cedar shavings, etc.)? _____

What other items are in the enclosure/your animal has access to? _____

How often is the enclosure cleaned? _____

What type of cleaner do you use? _____

Do you use a water bottle or water bowl? _____

What food(s) are you offering?

1. _____ Brand: _____ Quantity: _____ How often? _____
2. _____ Brand: _____ Quantity: _____ How often? _____
3. _____ Brand: _____ Quantity: _____ How often? _____
4. _____ Brand: _____ Quantity: _____ How often? _____

If you offer vegetables, what specific vegetables are fed most often? _____

Are there any other pets in your family? (Please List): _____

If yes, do they interact with one another? How often?: _____

Has your animal ever been seen by a veterinarian before? Yes No

If yes, what hospital? _____

If yes, why were they seen? _____

Do they have any current or previous medical conditions you are aware of? _____

Is your animal on any medications or supplements? _____

Any other information we should know about? _____
