

Your name:	Your pet's name:
Sex: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Unknown	Time owned: Age (if known):

Type of pet:

<input type="checkbox"/> Bird <input type="checkbox"/> Small mammal: <input type="checkbox"/> Rabbit <input type="checkbox"/> Ferret <input type="checkbox"/> Chinchilla <input type="checkbox"/> Guinea pig <input type="checkbox"/> Sugar glider <input type="checkbox"/> Rodent <input type="checkbox"/> Mouse <input type="checkbox"/> Rat <input type="checkbox"/> Hamster <input type="checkbox"/> Gerbil <input type="checkbox"/> Prairie dog <input type="checkbox"/> Degu <input type="checkbox"/> Reptile: <input type="checkbox"/> Turtle <input type="checkbox"/> Tortoise <input type="checkbox"/> Snake <input type="checkbox"/> Lizard <input type="checkbox"/> Chameleon <input type="checkbox"/> Other <input type="checkbox"/> Amphibian: <input type="checkbox"/> Frog <input type="checkbox"/> Toad <input type="checkbox"/> Other
→ Please indicate species, if known: _____
How did you hear of us? <input type="checkbox"/> Patient referral <input type="checkbox"/> Veterinary referral <input type="checkbox"/> Internet <input type="checkbox"/> Yellow Page <input type="checkbox"/> Other:

Medical History

Reason for visit today: <input type="checkbox"/> Wellness visit <input type="checkbox"/> Post-purchase examination <input type="checkbox"/> Illness If ill, when did the problem begin?
Has your pet received care from another vet? <input type="checkbox"/> Y <input type="checkbox"/> N For this illness? <input type="checkbox"/> Y <input type="checkbox"/> N
Previous medical history: _____
Current medications: _____
Stools/change: _____

Other pets in household

Others in house: _____	Are they in contact? <input type="checkbox"/> Y <input type="checkbox"/> N
Any new pets? <input type="checkbox"/> Y <input type="checkbox"/> N	Was there any recent boarding or other exposure to others? <input type="checkbox"/> Y <input type="checkbox"/> N

Environmental Factors

Recent household changes (i.e., new person, food, schedule,): _____		
Are there smokers in the home? <input type="checkbox"/> Y <input type="checkbox"/> N	Does your pet go outside? <input type="checkbox"/> Y <input type="checkbox"/> N	Does your pet bathe regularly? <input type="checkbox"/> Y <input type="checkbox"/> N
Is there any possibility of toxin exposure/ingestion? <input type="checkbox"/> Y <input type="checkbox"/> N		

Feeding

Types of food used (including treats): _____	Water source: <input type="checkbox"/> bowl <input type="checkbox"/> bottle
How often do you feed your pet? _____	When did your pet last eat (not the last time you offered food)? _____
Do you give vitamin supplements? <input type="checkbox"/> Y <input type="checkbox"/> N	If so, what kind and how often? _____

Enclosure

Type of enclosure/cage: <input type="checkbox"/> glass <input type="checkbox"/> plastic <input type="checkbox"/> wire (<input type="checkbox"/> metal <input type="checkbox"/> coated wire <input type="checkbox"/> stainless steel) <input type="checkbox"/> wooden hutch <input type="checkbox"/> free roaming		
Approximate size: _____	Type of bedding/substrate: _____	Location in house: _____

Species-Specific

Birds/reptiles:	Has your pet ever laid eggs? <input type="checkbox"/> Y <input type="checkbox"/> N If so, when was the last one? _____
Ferrets:	Has your pet ever been vaccinated? <input type="checkbox"/> Y <input type="checkbox"/> N If so, when ? _____
Reptiles and amphibians:	What is the cage temperature? _____
	What is the heat source, if any? _____
	Do you use a thermometer to monitor? _____
	Is there a UV light source? _____
	Do you monitor humidity? _____
	When did your pet last shed? _____
	Has your pet ever been dewormed? _____

Any other important information we should know:
