

RABBIT, GUINEA PIG, SMALL MAMMAL HISTORY FORM

Pet Parent's Name

Preferred Title (Mr, Mrs, Ms, Dr, etc)

Spouse, Partner

Address

City, State, Zip Code

Home Phone

Mobile Phone

Work Phone

Email

Circle Rabbit Guinea Pig Rat / Mouse Hamster Gerbil Chinchilla Other

Sex M F Neutered? Sex Unknown Age

Breed Color

Companion Animal's Name

HOUSING

Size / Make of Cage

Location of cage in home (Near heater, window, In what room?)

Substrate (What's on the bottom?) Brand

Frequency changed Frequency cleaned

Does your companion animal use a litter pan? Y N If So, What's in the pan?

Cage furniture (Hide boxes, tunnels etc)

Chew sticks, etc. provided?

Toys provided? List them

Is your companion animal allowed out of the cage? Y N Supervised? Length of time / daily

DIET

Commercial Products:

Pellets Y N Brand Frequency fed % of Diet

Seed Y N Brand Frequency fed % of Diet

Roughage Hay: Timothy Orchard Grass Oat Hay Botanical Alfalfa Other

Fresh Foods

Other Foods

Vitamins / Supplements

Previous Medical Conditions and Dates:

Name of Main Caretaker Adult If Child (Age)

How did you hear about our hospital?

Reason for visit