

RABBIT, GUINEA PIG, SMALL MAMMAL HISTORY FORM

Pet Parent's Name \_\_\_\_\_ Companion Animal's Name \_\_\_\_\_  
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

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? \_\_\_\_\_