

Small Animal History Form



Pet Name: _____ **Date:** _____

1. Patient Information

Where and when did you get your pet? _____

Number of previous owners (other than the breeder or pet store): _____

2. Environment

Describe the cage enclosure (indoors/outdoors, size, type, objects in cage-dust bath, toys, etc.): _____

What type of material is used to line the bottom of the cage/litter pan? _____

How many cage-mates does your pet have? _____

What sex are the cage-mates and are they spayed or neutered? _____

Have any new cage-mates been introduced within the last 6 months? Please list: _____

Please list all other pets in the household: _____

How much time does your pet spend outside of the cage? _____

Is your pet supervised when it is out of the cage? _____

Does your pet chew on carpet or other objects/materials when it is outside of the cage? Please describe:

Please list recent changes in the environment, if any: _____

3. Diet (list what the pet actually eats, not what is offered):

Amount and type of hay (timothy, alfalfa, etc.): _____

Amount and type of pellets (timothy, alfalfa, etc.): _____

Amount and type of vegetables and fruits: _____

Other: _____ Amount/type: _____

How often do you change your pet's food? _____

What (if any) treats do you give your pet (brand and amount)? _____

Do you supplement the diet with any vitamins (brand, frequency, route)? _____

Please describe any recent changes to your pet's diet: _____

Please turn over 

4. Reproductive

Has your pet been bred before? _____ Do you plan on breeding this pet in the future? _____

How many times has the pet been bred and when was it last bred? _____

How big were the previous litters and were the litters healthy? _____

5. General Health

If your pet is ill, what signs/symptoms has your pet had? Please circle:

Decreased Appetite

Decreased Water Intake

Listlessness

Weight Loss

Diarrhea

Constipation

Difficulty Breathing

Coughing

Drooling

Itching or Scratching

Poor Coat/Hair Loss

Head Shaking

Unusual Body Odors

Tremors or Seizures

Lumps or Bumps

Other: _____

Has your pet had any previous conditions or surgeries? _____

Is your pet currently or recently been on any medications? If yes, please list: _____

Is there anything else you would like done today (toe nail trim, etc.)? _____

Do you have any other questions or concerns? _____
