



# MAMMAL HISTORY FORM

A detailed history is essential to provide the most appropriate veterinary care for your animal. Please complete this form as accurately as possible. If there is anything you are unsure about you can discuss it in more depth with the veterinary staff during your appointment.

## ANIMAL DETAILS

Name or identification: \_\_\_\_\_

Common or scientific species name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M  M/Neutered  F  F/Spayed  Unknown

How long have you had this animal? \_\_\_\_\_

From where did you obtain this animal? \_\_\_\_\_

Is your animal vaccinated? N  Y  List vaccines and dates given. \_\_\_\_\_

If a primate, has your animal been tuberculosis (TB) tested? N  Y  if yes when? \_\_\_\_\_

If applicable, do you have a license (DNR/USDA) to own this animal? N  Y

*(Please bring your license with you as a photocopy will be required for the medical record)*

Do you have any other pets in the household? N  Y

If so, list the number and the species. \_\_\_\_\_

When was the last animal added to your household? \_\_\_\_\_

Has your pet had contact with any other animals in the last 30 days? \_\_\_\_\_

## CAGE ENVIRONMENT

Where is the cage located? inside  outside  Provide details. \_\_\_\_\_

What percentage of time does your animal spend in the cage? \_\_\_\_\_

Is your animal supervised when out of the cage? N  Y

What is the cage made of? \_\_\_\_\_

What are the dimensions of the cage? \_\_\_\_\_

Have there been any changes in the environment in the last 3 months? N  Y  Give details. \_\_\_\_\_

What décor and furnishings are present? \_\_\_\_\_

Is there ventilation (grills or mesh)? N  Y  Please give size/details. \_\_\_\_\_

What bedding do you use? Please give details. \_\_\_\_\_

Is your animal litter trained? N  Y

Do you provide any bathing facilities? N  Y  Please give details. \_\_\_\_\_

What is your animal's day and night cycle? \_\_\_\_\_

Are there any smokers in the house? N  Y  Do you use aerosolized substances? N  Y

How often is the cage cleaned? \_\_\_\_\_

What cleaning/disinfectant agents are used? \_\_\_\_\_

*Please write any other comments or details of relevance on the back of this form*

**DIET**

How often do you feed your animal? \_\_\_\_\_.

Indicate which foods are eaten, and in what amounts (by weight, or approx volume).

Pellets  brand/amount? \_\_\_\_\_ Hay  type/amount? \_\_\_\_\_.

Vegetables  type/amount? \_\_\_\_\_ Fruits  type/amount? \_\_\_\_\_.

Treats  type/amount? \_\_\_\_\_ Other  details? \_\_\_\_\_.

Meat or meat products  type and amount? \_\_\_\_\_.

Do you use any nutritional supplements? N  Y , if yes what, how much, and how often; \_\_\_\_\_.

What water supply to you provide? tap water  bottled water  rain/river water

How is water provided? bowl  dripper system  how often; \_\_\_\_\_.

How often is the water changed? \_\_\_\_\_.

Do you use any water supplements? N  Y , please give details; \_\_\_\_\_.

Have you noticed any changes in feeding or drinking behavior? please give details; \_\_\_\_\_.

Have you noticed any changes in the droppings? Please give details \_\_\_\_\_.

**REASON FOR PRESENTATION TODAY**

What is the primary complaint or what signs you have noticed? \_\_\_\_\_.

Has this animal had previous health problems? N  Y , please give details; \_\_\_\_\_.

Have any other animals or persons in the household had any illness within the last 30 days?

Has your animal received any medications in the last 3 months (i.e. heartworm medication, dewormer, flea treatments)