

Madison Veterinary Hospital, P.A.

262 Main Street, Madison, NJ 07940

SMALL MAMMAL (Ferret, Rabbit, Rodent, etc.) HISTORY FORM

Date:_____

Client Name:_____ Patient Name:_____

Breed:_____ Birthdate:_____

Please complete as much as possible of this history sheet and bring it to the hospital on the day your pet is scheduled to have its examination.

Preferred Doctor to do Examination:_____

Check All That Apply.

Diet

Pellets Type:_____

Vegetables Type:_____

Fruit Type:_____

Hay Type:_____

Insects Type:_____

Vitamin/Mineral Supplement Type:_____

Other Type:_____

Environment

Type of caging:_____

Location:_____ Outdoor exposure?_____

Number of pets in same cage:_____

Bedding/Substrate:_____

Water Source: Bottle Bowl

Temperature: Day_____ Night_____

Physical Symptoms

Vomiting Frequency?_____ Vomits what?_____

Diarrhea Frequency?_____ Color?_____

Consistency?_____ Blood?_____

Appetite: Decreased Increased No Change

Thirst: Decreased Increased No Change
Breathing: Normal Abnormal Abnormality: _____
Coughing: No Yes Frequency/Consistency: _____
Sneezing: No Yes Frequency/Consistency: _____
Droppings: Normal Increased Decreased
 Problems with droppings: _____
Activity: Normal Decreased Increased How? _____

Appearance

Skin: Normal Abnormal How? _____
Weight: Normal Increase Decrease How much? _____
Eyes: Normal Abnormal How? _____

Other Symptoms: Please list any questions or concerns.

Medications: Please list any current or past medications.

Thank you for completing this health questionnaire. Your answers are very important in focusing our attention on the areas in which your pet might need help.