



Small Mammal Questionnaire

Client Name: _____

Email address: _____

Pet Name: _____

Type of Pet: _____

Reason for visit (please check off all that apply):

- Pre-purchase exam
- Post-purchase exam
- General health check
- Yearly check-up
- Other (see list below)

- | | |
|---|---|
| <input type="checkbox"/> hair loss or sores | <input type="checkbox"/> sores or swelling around mouth |
| <input type="checkbox"/> discharge from nose or mouth | <input type="checkbox"/> teeth protruding from mouth |
| <input type="checkbox"/> coughing/sneezing | <input type="checkbox"/> distended abdomen/bloating |
| <input type="checkbox"/> difficulty breathing | <input type="checkbox"/> difficulty eating |
| <input type="checkbox"/> lameness | <input type="checkbox"/> excessive salivation |
| <input type="checkbox"/> lethargy/weakness | <input type="checkbox"/> eye problems |
| <input type="checkbox"/> not eating/eating less | <input type="checkbox"/> ear problems |
| <input type="checkbox"/> change in quantity or consistency of stool | |

How long have you noticed these signs? _____

How long have you owned your pet? _____ weeks _____ months _____ years

Does your pet have a cage mate, and if so, how many? No Yes _____

Where did you obtain your pet? pet store friend breeder other

What do you feed your pet? _____

Briefly describe the cage/hutch your pet lives in:

- | | |
|--|---|
| <input type="checkbox"/> wire bottom | <input type="checkbox"/> solid flooring |
| <input type="checkbox"/> has place to hide | <input type="checkbox"/> aquarium |
| <input type="checkbox"/> other _____ | |

Substrate or bedding in bottom or cage: _____

What is your pet's water source? bowl bottle

Is it actively drinking from this source? _____