



Rat, Hamster, & Mouse History Form

Client Name _____ Email _____ Date _____

Patient Information

Pet's Name _____ Species _____ Breed _____

Sex ____ Male ____ Female ____ Unknown Spayed/Neutered? ____ Yes ____ No ____ Unknown

If no, do you plan to breed your pet? ____ Yes ____ No

If no, do you plan to spay or neuter your pet? ____ Yes ____ No

Date of birth _____ How long have you had this pet? _____

Where did you get your pet? ____ Pet Store ____ Breeder ____ Friend ____ Shelter ____ Other: _____

Environment

Describe the enclosure - flooring, size, and materials. _____

What material is used to line the bottom of the cage? _____

What is the average temperature of the enclosure? _____ How many pets are in this enclosure? _____

How much time is your pet permitted outside the enclosure? _____

How often do you clean your pet's cage? _____

Diet

Please list all the foods your pet eats, including treats. (Please be as specific as possible.):

Please list any vitamin supplements you give your pets: _____

How often does your pet get vitamin supplements? _____

How do you give supplements? ____ In food ____ In water ____ By itself

How does your pet drink water? ____ From a bowl ____ From a bottle

Previous Veterinary Care

Has your pet received veterinary care at another clinic? _____

Has your pet had previous medical problems? _____

When was the last time a fecal (poop) sample was checked on your pet?

____ Less than 1 year ____ Over 1 year ____ Never

Has your pet ever been treated for external parasites? ____ Yes ____ No

Today's Visit

Is your pet sick today? _____ Yes _____ No

If yes, please check what symptoms your pet has:

_____ Diarrhea _____ Overgrown teeth _____ Scratching _____ Not eating _____ Not defecating _____ Head tilt
_____ Runny nose _____ Eye discharge _____ Lameness _____ Trouble breathing _____ Other: _____

How long has your pet been showing these signs? _____