

Date: \_\_\_\_\_

**Small Exotic Mammal History Form**  
(Rabbits, Mice, Hamsters, Guinea Pigs, Sugar Gliders, Gerbils, etc..)

Pet Name: \_\_\_\_\_ Pet Owner: \_\_\_\_\_

**Pet Details**

Breed: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Sex: \_\_\_\_\_ Spayed/ Neutered? \_\_\_\_\_ Date Acquired: \_\_\_\_\_

Acquired from: \_\_\_\_\_ Reproductive History: \_\_\_\_\_

Number of Rodents in house: \_\_\_\_\_ Other Pets in house: \_\_\_\_\_

**Cage**

Cage type: \_\_\_\_\_ Cage Size: \_\_\_\_\_

Decorations: \_\_\_\_\_

Cage Materials: \_\_\_\_\_

Where is cage located: \_\_\_\_\_

How many pets in same cage: \_\_\_\_\_ Cleaning frequency: \_\_\_\_\_

Cage Bedding: \_\_\_\_\_ Cleaning agents used: \_\_\_\_\_

**Diet**

Food type: \_\_\_\_\_

What kind of hay (if applicable): \_\_\_\_\_ Brand of pellets (if applicable): \_\_\_\_\_

Amount per feeding: \_\_\_\_\_ Frequency: \_\_\_\_\_

How often is food changed: \_\_\_\_\_ Water supply type: \_\_\_\_\_

Water Dispenser: \_\_\_\_\_ How often water is changed: \_\_\_\_\_

Supplements: \_\_\_\_\_ Vitamins: \_\_\_\_\_

Other: \_\_\_\_\_

**Medical History**

Primary Complaint: \_\_\_\_\_

Duration: \_\_\_\_\_

Previous health problems: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Previous Medications: \_\_\_\_\_