



Small Mammal Questionnaire

Owner's Name _____ Date _____

Address _____ Postal Code _____

Phone numbers (home) _____ (cell) _____ (work) _____

E-mail _____

Emerg. Contact(other than immediate family): _____ ph: _____

Pet's Name _____ Breed _____ Colour _____

Sex _____ neutered spayed Age or Birthday _____

1. How did you acquire your pet? _____

2. What type of food do you feed and how much do you feed _____

Rodent pellets % of diet Seed mix % of diet or cup/day _____

Fruits & Vegetables cup/day _____ Other _____

3. Does your pet drink from a bottle or bowl? _____

4. Does your pet use a litter box? _____

5. How much time does your pet spend in its cage? _____

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

7. What do you use for bedding? _____

8. Do you groom your pet? (i.e. trim nails, brush fur)? How often? _____

9. Does your pet have any contact with other pets/animals inside or outside of your home? _____

10. Has your pet been to a veterinarian before? _____

If yes, when/where? _____

11. Does your pet chew on things that he/she should not chew on? _____

12. Has your pet ever had his/her teeth trimmed? _____

If yes, when/where? _____

13. Has your pet had any wet, clumped fecal matter? How often do you notice it? _____

14. Have you noticed any of the following;

scratching flakey skin teeth grinding lumps or bumps runny eyes/nose

size in fecal balls sneezing and/or coughing changes in behaviour

changes in eating and/or drinking habits changes in urine or fecal ball production

15. If yes to any of the above, when did you notice this? _____

16. Do you have other health issues or concerns you would like to discuss with the veterinarian?
