

## Mammal History Form

**Please take the time to fill out this information to help us provide the best care possible for your animal.**

Name of Responsible Caretaker\_\_\_\_\_

Name of Pet\_\_\_\_\_ Species/Type\_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth\_\_\_\_\_

Date Acquired\_\_\_\_\_ Source\_\_\_\_\_

Reason Acquired (Pet/Breeder/Other)\_\_\_\_\_

How is this animal housed? Type of enclosure\_\_\_\_\_ Substrate\_\_\_\_\_

Describe Method and Frequency of Cage Cleaning\_\_\_\_\_

How is water provided? (Dish/Bottle)\_\_\_\_\_

Type of Diet:    ☐ Formulated Diet (Brand/Amount/Frequency)\_\_\_\_\_

☐ Treats (Type/Frequency)\_\_\_\_\_

☐ Vegetables (Type/Amount)\_\_\_\_\_

☐ Fruit (Type/Amount)\_\_\_\_\_

☐ Hay (Type/Amount)\_\_\_\_\_

☐ Supplements or Vitamins (Type/Amount/How Given)\_\_\_\_\_

☐ Other (Describe)\_\_\_\_\_

Any recent changes to diet or environment (Y/N) Describe\_\_\_\_\_

If Applicable: Has this animal been vaccinated? (Y/N) Type/Date\_\_\_\_\_

Has this animal previously been seen by a Veterinarian (Y/N) Describe pertinent medical history\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If your animal is ill, please describe symptoms and when first noticed (lethargy/change in appetite/skin problem/injury/difficulty breathing/nasal discharge/etc.)\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_