

BABEH Mammal History Form

Owner First Name: _____ Owner Last Name: _____

Pet's Name: _____ Species: _____ Breed: _____

Age: _____ Length of Ownership: _____ Color: _____

Sex: M F Unknown Neutered/Spay Intact

Where did you get your pet: Breeder Pet Store Friend/Family Rescue Found/Caught

What type of enclosure: Aquarium Mesh/Wire Cage Wood Enclosure Free Range
Indoors Outdoors Specific Room Multi-Level Enclosure Other: _____

How big is the enclosure: _____ How often do you clean: _____ Indoor / Outdoor

What other mammals live in the home: _____

What other mammals live in the enclosure: _____

What type of cage furnishings do you have: Natural Branches Fake Branches Foliage Real Plants
Hammock Litter Box Dig Box Water Bowl Hide Box Wheel Toys
Other: _____

What is on the bottom of the enclosure: Newspaper Corn Cob Towel Tile Wire/Mesh
Paper Towel Wood Shavings/Chip Rubber Mat Carpet Bare Dirt Moss
Other: _____

Do you have supplement heat: Yes No Do you have an air conditioner in the room: Yes No

How is water offered: Dish Tray Bottle How often water changed: _____

Is your pet allowed outdoors: Yes No Are they allowed outside unsupervised: Yes No

How often do you feed: _____ How often does your pet defecate: _____

What does your pet eat?: Pellets (Timothy / Alfafa / mix with Seeds/Dried Fruits) Amount Fed: _____

Hay (Timothy / Alfalfa / Oat / Botanical Grass) Lab Blocks Fresh Veggies
Fresh Greens Fresh Fruit Raw/Cooked Meats Egg Insects Baby Food
Other: _____

What brand of pellets/hay/bagged product do you use: _____

How often do you bathe your pet: _____ Do you use shampoo/dust/sand: _____

What vaccines has your pet received (month/yr): _____

How does your pet exercise: Free Roam Play Pen Wheel Interactive Toys Other: _____

How often does your pet exercise: _____

Previous health issues, unrelated to this visit: _____