

MAMMAL INFORMATION

PLEASE FILL THIS FORM OUT COMPLETELY AND TO THE BEST OF YOUR ABILITIES. IF UNSURE, PUT UNKNOWN, OR PUT N/A IF THE INFORMATION IS NOT READILY AVAILABLE.

YOUR NAME: _____ PET'S NAME: _____ DATE: _____

BREED: _____

AGE:(IF KNOWN) _____ SEX:(IF KNOWN) M / F . SPAYED/NEUTERED? _____

OWNED HOW LONG?: _____ PURCHASED WHERE?: _____

LAST VETERINARY VISIT: _____

LAST FECAL EXAMINATION: _____

USUAL DIET INCLUDES (PLEASE LIST AS PERCENT):

PELLETS OR FORMULATED DIET _____% HAY _____% VEGETABLES _____%

SEED MIX _____% TABLE FOODS _____%

VITAMINS OR SUPPLEMENTS: _____

HOW ADMINISTERED? _____

[GUINEA PIGS ONLY: VITAMIN C SUPPLEMENT(CIRCLE ONE) YES NO]

WATER SOURCE (CIRCLE ONE): BOTTLE BOWL

ON ANY MEDICATIONS? _____ IF SO, WHAT? _____

LAST DOSE GIVEN WHEN? _____

PLEASE DESCRIBE ANY PREVIOUS SIGNIFICANT MEDICAL HISTORY: _____

CAGE SIZE: _____ CAGE MATES (HOW MANY) _____

WHAT DO YOU USE AT THE BOTTOM OF THE CAGE? _____

HOW OFTEN DO YOU CHANGE THE BOTTOM MATERIAL? _____

HOW OFTEN DO YOU COMPLETELY CLEAN THE CAGE? _____