

Mammal Husbandry Client Intake Form

Client Name _____ Patient Name _____

Species _____

Age _____

Sex M F spayed/neutered? Y N

Where obtained? _____

How long owned? _____

Brief reason for today's visit _____

HOUSING

Describe patient's primary enclosure _____

Substrate _____

Is patient litter box trained? Y N

How often is the enclosure cleaned? _____

Visual security, hide boxes? Y N Describe _____

Temperature in the room where the patient is kept? Day ____°F Night ____°F

Does the patient spend any time out of his/her cage? Y N If yes, is he/she supervised? Y N

Any time spent outside? Y N If yes, is the patient supervised? Y N

Light Cycle: ____ hrs light ____ hrs dark

DIET

Is fresh water available at all times? Y N bowl or bottle

HERBIVORE (Guinea pigs, rabbits, chinchillas, prairie dogs)

Timothy hay Y N If yes, how much? _____ brand? _____

Pellets Y N If yes, how many per day? _____ brand? _____

Does the pellet product used contain seeds, dried fruit, etc.? Y N

Fresh Produce Y N If yes, what types? _____ How much? _____

List any treats or other food items offered. _____

Supplements Y N If yes, please list. _____

Guinea Pigs - How are the patient's Vitamin C needs met each day? (50mg/day) _____

CARNI VORE/OMNIVORE (Ferrets, rats/mice, hamsters, hedgehogs, sugar gliders, foxes, exotic felids)

Basic primary foods _____

Brand? _____

Table foods? Y N If yes, what types? _____ How often _____

Sugar Gliders - How are the patient's calcium needs being met each day? _____

Hedgehogs - What is the heat source? _____ Temp High _____ Temp Low _____

MEDICAL HISTORY

Has the patient ever had any health problems? Y N If yes, please explain _____

Has the patient ever been seen by another DVM? May we request the records? Y N

Ferrets - Has the patient been vaccinated against rabies? Y N Date: _____

Has the patient been vaccinated against distemper? Y N Date: _____

Has the patient ever had a vaccine reaction? Y N

Are there any other pets in the home? Y N _____