



Small Mammal Check-In Sheet

Weight: _____

Client's Name: _____

Pet's Name: _____

Age: _____

Gender: _____

Species: _____

Reason for your visit: _____

Where did you get your pet and how long have you had your pet? _____

If you are bringing your pet here for an illness please describe signs, duration, and severity:

Please circle the following if present:

Coughing Diarrhea Lameness Scratching Sneezing Vomiting Lumps

Medical History

Name Previous Veterinarian, if any: _____

List any previous medical conditions (how long ago and how many times): _____

List any medications that you are currently giving: _____

Diet

What types of food are offered and what is *actually* eaten (include brand names, frequency, and method of feeding): _____

Supplements or vitamins given, if any: _____

Water

Container (dish, bowl): _____

How often is the water changed?: _____

How often is the container cleaned?: _____

Housing

Size (approximate measurements and type of cage (wire, glass, plastic): _____

Type of bedding (For example: exact wood chip type, fleece, Care Fresh paper, etc.): _____

Frequency cleaned: _____

Is the pet kept alone? _____ If not, how many other pets is it housed with? _____

Exercise

Method (wheel, roaming the house, etc.): _____

Frequency (daily, weekly, etc.): _____

Handling

How often: _____

By whom: _____