

SMALL MAMMAL HISTORY FORM

This history form is to help us get to know your pet a little better. Please answer the questions as thoroughly as possible and **feel free to include images as needed**.

You will not need to re-upload this entire form on every appointment. Upon future appointments, you will be shown the previous history form and you will be able to comment on changes as needed.

Thank you bringing your pet to CUHA!

CLIENT NAME:

PET NAME:

REASON FOR PRESENTATION:

What is the main reason you are coming to the veterinarian today?

When did the problem start?

Please elaborate on your concerns as much as possible here:

GENERAL INFORMATION:

How old is your pet?

How long have you owned your pet?

When you first obtained your pet, was he/she still growing?

Yes No Unknown

Where was your pet acquired from?

Shelter Rescue group Breeder
Pet store Found Friend Other (please specify)

Has your pet ever been seen by a veterinarian?

Yes No Unknown

If yes, when was the last time?

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What is the sex of your pet?

Yes No Unknown

Does your pet have any known health problems?

Have any prescriptions medications been given to your pet in the last 2 weeks?

Yes No Unknown

Please list them here along with dosing directions if possible.

Is the patient on any vitamins, supplements, or over-the-counter medications?

Yes No Unknown

Please list them here along with doses.

Are there any behavioral problems you wish to speak to the doctor about today?

Aggressive towards human Aggressive toward other animals

Vocalizing Urinating in inappropriate places

Other (please specify)

Is your pet gait or movement different than normal?

Yes No Unknown

If yes, for how long have you noticed this abnormality?

Is your pet's attitude or activity level different than normal?

Yes No Unknown

If yes, describe how is it different.

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Is there any difficulty breathing?

Yes No Unknown

If yes, describe what is happening.

Is your pet been coughing or sneezing?

Yes No Unknown

Is your pet grooming abnormally? (ie, not grooming at all or overgrooming in certain areas?)

Yes No Unknown

DIET:

What is the normal diet your pet eats? Please be as specific as possible.

Hay Type, what brand, quantity?

Pellets Type, what brand, quantity?

Vegetables Type and in what quantity?

Fruits Type and in what quantity?

Treat Type, what brand, quantity?

Did you make any changes in the last two weeks in the diet, such as offering new food or switching to a different food?

Yes No Unknown

If yes, what did you change?

Current eating habits

Has your pet eaten in the last 12 hours?

Yes No Unknown

If no, when is the last time your pet ate?

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If yes, is your pet eating normally or less than normal?

Normal Less than normal

If your pet is eating less than normal, what percentage would you say he/she is eating?
(example, eating 50% less)

If your pet is eating less than normal, is he/she eating less of a specific food? Please specify
which food your pet is avoiding and which food your pet is preferring.

Is your pet experiencing any excessive drooling or dropping food from its mouth?

Yes No Unknown

Could your pet have ingested foreign material?

Yes No Unknown

If yes, what do you suspect could be the foreign material?

Could your pet have ingested a toxin?

Yes No Unknown

If yes, what do you suspect could be the toxin?

Current drinking and eliminating habits

How do you offer water?

Sipper bottle Bowl Other (specify)

How often do you change the water?

Is your pet drinking normally?

Yes No Unknown

If no, how is that abnormal?

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Is your pet defecating normally?

Yes No Unknown

If no, how is that abnormal?

If you think your pet is having diarrhea, please describe the diarrhea as best you can. Does it happen every time they go to the bathroom?

Is your pet urinating normally?

Yes No Unknown

If no, how is that abnormal?

ENVIRONMENT:

Where does your pet stay when you are present?

Free-roaming in the house Free-roaming in a room

In an exercise pen or playpen In an indoor cage

In an outdoor cage Other (please specify)

Where does your pet stay when you are **not** present?

Free-roaming in the house Free-roaming in a room

In an exercise pen or playpen In an indoor cage

In an outdoor cage Other (please specify)

If your pet stays in different environments when you are and you are not present, how long on average during working days the pet spend in each environment?

What about during other days?

If your pet stays in a playpen or cage, what are the cage dimensions?

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Where is the enclosure located in your house?

Does your pet live in their environment alone?

Yes No Unknown

Are there other pets in the household?

Yes No Unknown

Do they have interactions with the pet you are bringing here?

Yes No Unknown

What decor is in the enclosure? Please provide a number of hide huts, toys, litter boxes.
If available, please include a picture of your pet enclosure

What temperature do you house your pet at?

Does your pet go outside for sunshine? How many hours a week on average?

If your pet lives in a cage, what kind of substrate/bedding do you place on the bottom?

If using a litter box, what do you use for litter?

How many hours of darkness does your pet have each day?

How often and with what is the enclosure cleaned?

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Do you exercise your pet?

Yes No Unknown

If yes, how do you do this?

Did you make any changes in the last two weeks regarding your pet environment, such as changing detergents or changing enclosure?

Yes No Unknown

If yes, what did you change?

Are you aware of any potential stressful events that occurred in the last two weeks?

Yes No Unknown

If yes, what type of stressful event?

Could your pet have been in contact with toxic material?

Yes No Unknown

If yes, what do you suspect could be toxic material?

Is there anything additional you wish to share with us about your pet?