

RODENT MEDICAL HISTORY FORM

Owner: _____ Date: _____
Pet Name: _____ Species (common name): _____
Color: _____ Age / Birthdate: _____ Sex: M F Unknown

ABOUT YOUR PET

1. *Your pet was obtained:* Breeder Pet store Friend Humane Soc. Other: _____
2. *How long have you owned this pet:* _____
3. *Type of food & treats:* _____
Amount: _____ Feeding schedule: _____
4. *How is your pet's appetite:* Normal Other: _____
How is your pet's attitude: Happy-Active-Normal Depressed-Lethargic Other: _____
Is your pet drinking: Normally More Less *than usual.*
5. *Do you notice any of the following:* Nasal discharge Eye discharge Weight loss
 Lethargy / weakness Feces: Normal Diarrhea

YOUR PET'S ENVIRONMENT

1. *Does your pet have cage mates:* Y _____ N
If yes, how many: _____ Are they fed separately: Y N
2. *Type of cage:* Metal Wood Glass / Plastic Other: _____
3. *Cage Size:* _____ *Toys:* _____
4. *Bedding Type:* _____
5. *Hiding places:* _____
6. *Cage location in the home:* _____
7. *How often does your pet come out of the cage for socialization / handling:* _____

Comments: _____