



## Exotic Small Mammal Husbandry Form

Date: \_\_\_\_\_ Client Name: \_\_\_\_\_

Pet name: \_\_\_\_\_ Species/Breed: \_\_\_\_\_

Sex (circle): *Male Female Unknown*

DOB or Age (*rough estimate if exact unknown*): \_\_\_\_\_

### Background Information:

Length of time owned: \_\_\_\_\_ Where acquired (circle): *Breeder Pet store Other*

Housed indoors/outdoors: \_\_\_\_\_ Is pet allowed free roam in the home: \_\_\_\_\_

Wild caught or captive bred: \_\_\_\_\_ Previous treatments: \_\_\_\_\_

How often is pet handled (circle): *Daily Occasionally Never*

Fecal output (circle): *Normal Diarrhea None* Urine output (circle): *Normal Abnormal*

Any other pets? (circle): *Yes No* If yes, specify: \_\_\_\_\_

Mammal housed with other animals? (circle): *Yes No* If yes, specify: \_\_\_\_\_

Any recent additions of exotic mammals to the household: \_\_\_\_\_

### Husbandry:

Type of enclosure: \_\_\_\_\_ Size of enclosure: \_\_\_\_\_

Where is the cage located: \_\_\_\_\_ Type of cage furniture: \_\_\_\_\_

Cage substrate: \_\_\_\_\_ How often is the cage/substrate cleaned: \_\_\_\_\_

Type of disinfectant used to clean the cage: \_\_\_\_\_

### Nutrition:

Type of food and brand offered: \_\_\_\_\_

Ratio of food fed (ex: 50% hay, 50% pellets): \_\_\_\_\_

Frequency of feedings: \_\_\_\_\_ Last feeding: \_\_\_\_\_

Appetite: \_\_\_\_\_

Water source: \_\_\_\_\_ Frequency changed: \_\_\_\_\_

Medications given: \_\_\_\_\_ Supplements given: \_\_\_\_\_

Guinea Pigs-Vitamin C Supplement (circle): *Yes No* Supplement Type: \_\_\_\_\_