**EXOTIC COMPANION MAMMAL - HISTORY QUESTIONNAIRE**

Thank you for trusting us with your pet’s veterinary care. Please help us to better serve you and your pet by completing this questionnaire to the best of your ability. Leave sections blank if you do not know the answer.

<table>
<thead>
<tr>
<th>Client’s name</th>
<th>Pet’s date of birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pet’s name</td>
<td>Date pet was obtained</td>
</tr>
<tr>
<td>Species</td>
<td>Age when obtained</td>
</tr>
<tr>
<td>Breed and color</td>
<td>Pet’s gender</td>
</tr>
</tbody>
</table>

- Place pet obtained: □ Pet store □ Breeder  
  Name: □ Friend or family member □ Former owner (not family member)  
  □ Found outside □ Born at home □ Other: 

- How did you hear about us? □ Internet □ Phone book □ Personal reference □ Pet store □ Breeder □ Veterinary referral 

If referred, please list referring vet and hospital

### HOUSING AND ENVIRONMENT

<table>
<thead>
<tr>
<th>Style of cage (check all)</th>
<th>Other:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Purchased</td>
<td></td>
</tr>
<tr>
<td>□ Came with pet</td>
<td></td>
</tr>
<tr>
<td>□ Homemade (galvanized wire, C&amp;C, etc)</td>
<td></td>
</tr>
<tr>
<td>□ None (not caged)</td>
<td></td>
</tr>
<tr>
<td>□ All wire</td>
<td></td>
</tr>
<tr>
<td>□ Plastic bottom, wire top</td>
<td></td>
</tr>
<tr>
<td>□ All plastic</td>
<td></td>
</tr>
<tr>
<td>□ Wood and wire</td>
<td></td>
</tr>
<tr>
<td>□ All wood</td>
<td></td>
</tr>
</tbody>
</table>

- Cage dimensions: Height: □ Unknown |
  Width: □ |
  Depth: □ |

- Cage location in home: □ Family room □ Living room □ Bedroom □ Dining room □ Outside □ Indoor/outdoor  
  □ Screened-In Porch □ Sunroom □ Outside □ Quarantine area □ Kitchen  
  Other: 

- Water containers (check all): □ Pine shavings □ Aspen shavings □ Cedar shavings □ Hemp shavings □ Newspaper □ Recycled newspaper pellets □ Paper (eg. CareFresh) □ Fleece or fabric  
  Other: 

- Is there a grate (wire) on the bottom of the cage? □ Yes □ No |
  Taken outdoors? □ Yes □ No |

- How much time spent out of cage? | # of Hours |
  □ Daily □ Weekly □ Occasionally □ Rarely □ Never |

- Level of supervision: □ Always watched □ Unsupervised on occasion □ Troublemaker □ Never out of cage |

- Is your pet bathed? □ Daily □ Weekly □ Occasionally □ Rarely □ Never (fearful) |

### DIET AND SUPPLEMENTS

<table>
<thead>
<tr>
<th>Formulated diets or homemade diets</th>
<th>Brand(s):</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Western Timothy □ Orchard Grass □ Alfalfa □ Oat □ Bermuda</td>
<td></td>
</tr>
</tbody>
</table>

- Amount per feeding: |

- Frequency that formulated diets are offered: □ Daily □ Weekly □ Occasionally □ Rarely □ Never, or not accepted 

<table>
<thead>
<tr>
<th>Hay (rabbits and rodents)</th>
<th>Frequency that hay is offered</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Kale □ Collards □ Spinach □ Parsley □ Cilantro □ Green leaf, red leaf, or romaine lettuce □ Chard □ Iceberg lettuce □ Mustard greens □ Collard greens □ Bok choy □ Turnip greens □ Dandelion greens □ Watercress □ Carrot tops □ Mint □ Basil □ Other:</td>
<td></td>
</tr>
</tbody>
</table>

- Green leafy vegetables and herbs (rabbits, rodents, sugar gliders) |
  □ Frequency that green leafy vegetables are offered |
  □ Daily □ Weekly □ Occasionally □ Rarely □ Never, or not accepted 

<table>
<thead>
<tr>
<th>Other vegetables (rabbits, rodents, sugar gliders)</th>
<th>Frequency that other vegetables are offered</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Carrots □ Sweet potatoes □ Cauliflower □ Pepper □ Green beans □ Squash □ Zucchini □ Broccoli □ Other:</td>
<td></td>
</tr>
</tbody>
</table>

- Other vegetables (rabbits, rodents, sugar gliders) |
  □ Frequency that other vegetables are offered |
  □ Daily □ Weekly □ Occasionally □ Rarely □ Never, or not accepted 

<table>
<thead>
<tr>
<th>Fruits (rabbits, rodents, sugar gliders)</th>
<th>Frequency that fruits are offered</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Strawberries □ Bananas □ Grapes □ Papaya □ Mango □ Apple □ Citrus (orange, lime, etc) □ Other:</td>
<td></td>
</tr>
</tbody>
</table>

- Fruits (rabbits, rodents, sugar gliders) |
  □ Frequency that fruits are offered |
  □ Daily □ Weekly □ Occasionally □ Rarely □ Never, or not accepted 

<table>
<thead>
<tr>
<th>Cereals, grains, seeds, nuts (rabbits, rodents, sugar gliders)</th>
<th>Frequency that grains are offered</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Rolled oats □ Dried corn □ Sunflower seeds □ Pumpkin seeds □ Nuts □ Cereal □ Groats □ Other:</td>
<td></td>
</tr>
</tbody>
</table>

- Cereals, grains, seeds, nuts (rabbits, rodents, sugar gliders) |
  □ Frequency that grains are offered |
  □ Daily □ Weekly □ Occasionally □ Rarely □ Never, or not accepted
### Supplements
- Vitamin C tablets
- Vitamin C in the drinking water
- Multi-vitamins
- Hay blocks or cubes
- Joint care
- Other:

### Treats
- Yogurt drops
- Fruit
- Grains
- Cereals
- FerreTone
- FerretVite
- Mealworms
- GliderAid
- Other:

### Frequency that supplements are offered
- Daily
- Weekly
- Occasionally
- Rarely
- Never, or not accepted

### Frequency that treats are offered
- Daily
- Weekly
- Occasionally
- Rarely
- Never, or not accepted

### Previous Medical History
#### Any cage mates? Describe:
- Yes
- No

#### If yes, are they healthy? If not, please describe:
- Yes
- No

#### Other PETS in the home? Describe:
- Yes
- No

#### Previous wellness examinations?
- Yes
- No

#### Previous vaccinations (FERRETS ONLY)?
- Rabies
  - Yes
  - No
  - Last date:
- Canine Distemper
  - Yes
  - No
  - Last date:

#### Previous adverse drug reactions?
- Yes
- No

#### Previous medical or surgical problems (please describe)

### Behavior and Personality
#### How would you describe your pet?
- Calm
- Well-Socialized
- Outgoing
- Aggressive
- High-Strung
- Anxious
- Phobic
- Neurotic
- Depressed
- Lethargic

#### Have there been, or are there now, any of the following behavior problems?
- Aggressive biting
- Fear biting
- Phobias or anxiety
- Destructive
- Depression
- Repetitive behaviors

#### Check if your pet has, or has had, any symptoms in the following areas to a significant degree and briefly explain.
- Skin
- Airways or lungs
- Fur
- Feces
- Toenails
- Urine
- Head or neck
- Lips
- Throat
- Legs
- Nasal passages or sinuses
- Behavior
- Throat
- Feces
- Body weight
- Energy level
- Appetite
- Thirst
- Voice

### Current Problem (If Appointment Is for Medical Concern)
#### Date that problem was first noticed:

#### Please describe the problem:

#### How has the problem changed?
- Better
- Worse
- Episodic
- No better or worse
- Unknown

#### Current medication (if any) and response:
- None

#### How would you like us to handle and restrain your pet today? (check all that apply).
- I wish to be present for exam and all procedures (eg. blood draw, grooming)
- I wish to be present for exam only and not for any procedures (eg. blood draw)
- I wish to leave the room while you work on my pet in the exam room
- I am okay if you wish to take my pet to the Exotics Treatment Room

#### Any special requests or concerns about how we handle and restrain your pet today?

### Please describe any additional questions or concerns you may have