



**Lexington-Bedford  
Veterinary Hospital**

**Small Mammal Information Sheet**

Owner's Name:		Date:	
Patient Name:		Species:	Age:
Sex: M / F	Spayed/neutered? Yes / No	Color:	
How long have you owned your pet?			
Where did you get your pet? (rescue, pet store, breeder, etc.)			
Do you have other pets at home? Yes / No		If yes, do they share a cage?	
Describe your pet's diet, including treats:			
Do you give your pet any vitamins or supplements? If yes what kinds?			
Briefly describe your pet's housing (cage/enclosure type, size, location, bedding):			
Is your pet litter trained? Yes / No		Type of litter:	
Has your pet ever been sick? If yes, what were the symptoms?			
Is your pet sick now? If yes for how long?			
Has he/she been getting better, staying the same, or getting worse?			
Are there any other pets at home showing the same symptoms?			
Has your pet ever been seen by a veterinarian before?			
Are your pet's droppings normal size, consistency, number? If not, please describe:			
Is he/she eating normally? If not, please describe:			
Is he/she sneezing? (yes/no)		Breathing normally? (yes/no)	
Any eye/nasal discharge?		Active as usual? (yes/no)	
Drinking and urinating normally? (yes/no)			
Have you treated your pets with any medication from the pet store? If yes, which one(s)?			
Is he/she on any medication(s) prescribed by a veterinarian? If yes, which ones(s)?			
List any plants, metals, or other substances accessible to your pet (including cage material and lead paint):			
Any other info we should know about your pet?			