

Welcome Small Mammal

Thank you for giving us the opportunity to care for your pet. We'll be happy to answer any questions you may have about your pet's health. Health problems related to improper housing and feeding are common among pet mammals. Your answers will help us to recommend any changes that may influence your pet's well being. We will also provide you with a list of our recommendations for you to consider.

Owner _____ Driver's License # _____
Street Address _____ City/State/Zip _____
Home Phone _____ Work Phone _____
Cell Phone _____ E-Mail Address _____
Emergency Contact Name _____ Emergency Contact Phone Number _____

How did you learn about our clinic? Yellow Pages ___ Recommendation ___ Sign ___ Other ___

If recommended, by whom? _____

Number of pets: Small Mammals ___ Dogs ___ Cats ___ Other (Specify) _____

Reason for visit: _____

Patient Name: _____ Breed: _____
Species: _____ Sex: M ___ Neutered ___ or F ___ Spayed ___
Birthdate: _____ Color/Markings: _____

Vaccinations (if appropriate): _____

- 1) How long have you had your pet? _____
- 2) Who is the primary care giver? _____
- 3) Where did you acquire your pet? _____
- 4) What kind of cage is your pet housed in? (I.e. aquarium, plexiglass, wooden) _____
- 5) Describe the size & type. _____
- 6) Do you use UV lights? Yes ___ No ___ Please List the brand and type. _____
- 7) What toys are given: _____
- 8) What kind of substrate do you use? (shavings, towels, newspaper) _____
- 9) Is your pet litter trained, what litter is used? _____
- 10.) Does your pet spend anytime outdoors? Yes ___ No ___
- 11.) Is your pet housed alone or with other pets? _____
- 12.) How often do you clean your pet's cage and what do you use to clean it? _____

- 13.) Is your pet currently used to being handled? Yes ___ No ___
- 14.) Does your pet receive regular exercise, please describe. _____

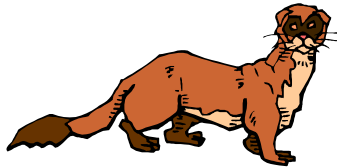
- 15.) Describe your pet's diet in length (including treats). _____

- 16.) Do you use hairball preventative, if so, describe. _____
- 17.) Do you use vitamin supplements? Yes ___ No ___ Please describe _____

- 18.) Have you noticed any changes in your pet's behavior, eating or drinking habits, or stool lately?

- 19.) To your knowledge, is there a history of illness or injury? Yes ___ No ___
- 20.) Has your pet been on any medication in the past or is it on any now? What medication and what dosage?

- 21.) How is it administered? _____



Authorization:

I am 18 years of age or older, the owner or agent of the above-described pet(s), and have the authority to execute this consent form. I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet(s). I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical/medical treatment. A finance charge of 2.0% will be added to any account more than 30 days past due. A fee of \$25.00 will be applied to your account for any returned checks. If we are required to submit your account to a collection agency, a \$25.00 fee will be applied.

Signature _____ Date _____

*Method of payment accepted: Cash, Check, MasterCard, Visa, American Express, Discover and Care Credit