

BROOK-ELLIS PET HOSPITAL

Small Mammal Questionnaire

Pet Name: _____ Date Adopted: ____/____/____
Species: _____ Birth Date: ____/____/____
Breed: _____ Male/ Neutered Female/ Spayed
Color: _____ Obtained From : _____

Describe Housing/Type of Cage: _____

Indoor/Outdoor: _____
Substrate/Bedding: _____
Describe Usual Diet: _____

Type of Pellets: _____
Veggies: _____
Supplements/Treats: _____
Any Past Medical Problems: _____

Date Last Ate: _____
Last Bowel Movement: _____
What will we be seeing your pet for today? _____

Additional Comments/Questions: _____

