



## MAMMAL HISTORY FORM

A detailed history is essential to provide the most appropriate veterinary care for your animal. Please complete this form as accurately as possible. If there is anything you are unsure about, you can discuss it in more depth with the veterinary staff during your appointment.

### ANIMAL DETAILS

Name or identification: \_\_\_\_\_

Common or scientific species name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M  F  Neutered/spayed  Unknown

How long have you had this animal? \_\_\_\_\_

From where did you obtain this animal? \_\_\_\_\_

Is your pet vaccinated? Y  N  If yes, list vaccines and dates given: \_\_\_\_\_

If applicable, do you have a license (DNR/USDA) to own this animal? Y  N

***(Please bring your license with you as a photocopy will be required for the medical record.)***

Do you have any other pets in your household? Y  N  If yes, list number and species: \_\_\_\_\_

When was the last animal added to your household? \_\_\_\_\_

Has your pet had contact with any other animals in the last 30 days? Y  N  If yes, please give details: \_\_\_\_\_

### REASON FOR PRESENTATION TODAY

What is the primary complaint or what signs have you noticed? How long have these problems been present? \_\_\_\_\_

Has this animal had previous health problems? Y  N  If yes, please give details: \_\_\_\_\_

Has your pet received any medications in the last 3 months (i.e. heartworm medication, dewormer, flea treatments, etc.)? Y  N  If yes, please list: \_\_\_\_\_

Have any other animals or persons in the household had any illness in the last 30 days? Y  N  If yes, please give details: \_\_\_\_\_

### CAGE ENVIRONMENT

Where is the cage located? Inside  Outside  Provide details: \_\_\_\_\_

What is the cage made of? \_\_\_\_\_

What are the dimensions of the cage? \_\_\_\_\_

Is there ventilation (grills or mesh)? Y  N  Please give size and details: \_\_\_\_\_

What kind of bedding is used? \_\_\_\_\_

What décor and furnishings are present? \_\_\_\_\_

Is your pet litter trained? Y  N

How often is the cage cleaned? \_\_\_\_\_

What cleaning/disinfectant agents are used? \_\_\_\_\_

What percentage of time does your pet spend in the cage? \_\_\_\_\_

Is your pet supervised when out of the cage? Y  N  Please give details: \_\_\_\_\_

What is your pet's day and night cycle? \_\_\_\_\_

Have there been changes in your pet's environment in the last 3 months? Y  N  If yes, please give details: \_\_\_\_\_

Does anyone in the household smoke? Y  N  Do you use any aerosolized products? Y  N

Do you bathe your animal? Y  N , please give details: \_\_\_\_\_

## DIET

How often do you feed your animal? \_\_\_\_\_

Indicate which foods are eaten and in what amounts (by weight, or approximate volume):

|                                    |               |
|------------------------------------|---------------|
| Pellets: Brand? _____              | Amount? _____ |
| Hay: Brand? _____                  | Amount? _____ |
| Vegetables: Type? _____            | Amount? _____ |
| Fruits: Type? _____                | Amount? _____ |
| Treats: Brand/Type? _____          | Amount? _____ |
| Meat or meat products: Type? _____ | Amount? _____ |
| Other: _____                       | Amount? _____ |

Do you use any nutritional supplements? Y  N  If yes, what, how much and how often: \_\_\_\_\_

What water supply do you provide? Tap water  Bottled water  Rain/river water

How is water provided? Bowl  Dripper system  How often? \_\_\_\_\_

How often is the water changed? \_\_\_\_\_

Do you use any water supplements? Y  N  Please give details: \_\_\_\_\_

Have you noticed any changes in eating or drinking behavior? Y  N

If yes, please give details: \_\_\_\_\_

Have you noticed any changes in droppings (fecal material, urine and urates)? Y  N

If yes, please give details: \_\_\_\_\_

Any other comments or information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Middle Creek Veterinary Hospital has a Facebook page and website that we use to educate clients and share interesting pet stories. May we have permission to use photos of your pet, their story and details of his/her medical history to help educate other clients in this way? Y  N

**\*\*Client's names will never be shared. If, at any time, you wish to have your pet's photo or story removed, please alert one of our doctors.**