RODENT HISTORY FORM

Patient Name: ___________________ Owner: ___________________ Date: ___________________

Breed/Type: ______________________ Primary Color: ______________________

- How long have you owned this pet? ________________________________________________________________________________
- Where did you obtain this pet? (Pet Store, Breeder, Friend)
  ▪ ______________________________________________________________________
- Do you have other rodents? If yes are they cagemates/housemates? Are they healthy?
  ▪ ______________________________________________________________________
- Please describe:
  o Housing: ______________________________________________________________________
  o Bedding/Furniture/Toys: ______________________________________________________________________
- Describe typical diet (include brand-name if available):
  ▪ ______________________________________________________________________
- List any medications, insecticides or nutritional supplements (vitamins/minerals used):
  ▪ ______________________________________________________________________
- Describe previous medical problems/treatments:
  ▪ ______________________________________________________________________
  ▪ ______________________________________________________________________

Does your pet:

- ____ YES ____ NO Have External parasites? If yes, please describe____________________________________________________
- ____ YES ____ NO Go outside? If yes, where? __________________________________________
- ____ YES ____ NO Travel, board or attend shows? If yes, where? __________________________
- ____ YES ____ NO Roam the house? If yes, where? ________________________________________
- ____ YES ____ NO Chew on things (blinds, window sills, toys, etc)? ________________________
- ____ YES ____ NO Have exposure to toxins (2nd hand smoke, high cage ammonia levels, pesticides, other)? ____________________________________________________________

Comments or Questions? __________________________________________________________________________________________
__________________________________________________________________________________________________________
__________________________________________________________________________________________________________

Thank you for choosing Westgate Pet and Bird Hospital