

Basin Run Animal Hospital

572 Firetower Road Colora, MD 21917

410-658-5709

basinrunah@yourvetdoc.com

Small Mammal History

Client name: _____

Patient information

Patient name: _____

Species: _____

Age/DOB: _____

How long have you had the patient: _____

Presenting complaint:

Signs/symptoms:

How long have they been present/When did they start?

Any worsening or improving of signs? _____

What treatments have you tried at home?

Has the patient had this issue previously? If so, how did it resolve?

Other illnesses or previous medical conditions:

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Current medications:

Diet

What food (brand, type, etc):

How much and how often:

Treats:

Supplements: _____

Water

How is it offered: _____

How frequently cleaned: _____

Any changes in intake: _____

Housing

Type and size of caging:

Temperature ranges: _____

Type of bedding: _____

How frequently is it cleaned: _____

Enrichment/toys:

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House with other animals or alone: _____

Other animals in the house:

Any new animals to the house:

Handling

How frequently: _____

By whom: _____

Other information:
