



PATIENT LABEL

Species/Breed: \_\_\_\_\_  
How long have you owned your pet? \_\_\_\_\_  
Where did you get your pet? \_\_\_\_\_

**HOUSING/ENVIRONMENT**

Size and type of cage: \_\_\_\_\_  
Cage \_\_\_\_\_ bottom \_\_\_\_\_ substrate: \_\_\_\_\_  
How often is the cage cleaned: \_\_\_\_\_  
What do you use to clean/as cleansers: \_\_\_\_\_  
Type of bedding: \_\_\_\_\_  
How often is bedding changed: \_\_\_\_\_  
Litter trained: **Y / N** What type of litter: \_\_\_\_\_  
Any toys/enrichment: **Y / N** Please list: \_\_\_\_\_  
Location of the pet's housing in your home: \_\_\_\_\_  
Percent of time your pet spends:  
Confined in cage \_\_\_\_\_ Out without supervision \_\_\_\_\_ Out under direct supervision \_\_\_\_\_  
Does your pet have access to the outdoors: **Y / N**  
How often: \_\_\_\_\_ Supervised: **Y / N**  
Is your pet handled: **Y / N** How often: \_\_\_\_\_  
Are there other pets in household and what kinds: \_\_\_\_\_  
Is there direct contact with other pets in the household: **Y / N**  
Has your pet been out of the home in the last year (board, visit, pet store) **Y / N**  
Where? \_\_\_\_\_

**DIET**

Pelleted diet \_\_\_\_\_% Fresh produce \_\_\_\_\_% Hay \_\_\_\_\_% Treats \_\_\_\_\_% Other foods \_\_\_\_\_%  
Brand/Types \_\_\_\_\_  
How is water provided: Water bottle  Bowl  How often is the water changed/re-filled: \_\_\_\_\_



Supplements/vitamins/water additives: **Y / N** Please list: \_\_\_\_\_

**MEDICAL HISTORY**

Has this pet been examined by another veterinarian: **Y / N** Name: \_\_\_\_\_

Has your pet had any injuries, illnesses, or surgeries; Please describe: \_\_\_\_\_

Is your pet on any medications; Please list (type, amount, frequency): \_\_\_\_\_

Has your pet ever been reproductively active: **Y / N**

Please list any vaccinations your pet has received, with dates: \_\_\_\_\_

Has your pet ever had a vaccine reaction: **Y / N**

Does your pet have any of the following symptoms (check all that apply):

- Cough    Sneeze    Runny nose    Runny eyes  
 Vomiting/regurgitation    Abnormal droppings    Behavior    Changes in appetite/thirst

Is your pet exposed to environmental irritants or toxins (such as cleaning agents, cigarette smoke, plants, etc.)? If so, what are they: \_\_\_\_\_

**Please describe any concerning problems:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When did you first notice the problem: \_\_\_\_\_

Has it gotten worse: **Y / N** If yes, how? \_\_\_\_\_

Have you (or your veterinarian) administered any medications or treatments? **Y / N**

Please list. Oral \_\_\_\_\_ Via Food/Water \_\_\_\_\_

Injection \_\_\_\_\_ Topical \_\_\_\_\_

Have the treatments helped? **Y / N** If so, how? \_\_\_\_\_