

EXOTIC ANIMAL QUESTIONNAIRE

SMALL MAMMALS AND RABBITS

PATIENT INFORMATION

Species: _____ Age: _____ Sex: _____

Reason for today's visit (include duration of problem if applicable): _____

Past medical problems: _____

Length of time owned: _____ Where acquired? _____

HUSBANDRY

Housing: Indoors / Outdoors Where is enclosure located? _____

Type of enclosure? _____ Size of enclosure? _____

Do you use a substrate or bedding on the floor of the enclosure? Y / N

If yes, list type or brand: _____

Please describe any cage accessories inside the enclosure: _____

How many pets are housed inside the enclosure? _____

NUTRITION INFORMATION

Types of food offered (including treats):

- _____ Amount & Frequency: _____
- _____ Amount & Frequency: _____
- _____ Amount & Frequency: _____
- _____ Amount & Frequency: _____

Is your pet currently eating? Y / N / Decreased Amount / Other

Water source: _____ How often is water changed? _____

Other pets? If yes, list: _____

Please list any additional questions or concerns you would like to discuss with the vet today:
