



MAMMAL CARE QUESTIONNAIRE

Client Name: _____

Patient Name: _____

Address: _____

Species: _____

Breed: _____

Telephone: _____

Sex: _____

Telephone: _____

Colour: _____

Date Of Birth: _____

Today's Date: _____

How long have you owned your pet? _____

Where did you get your pet? _____

How is your pet housed? *Please mark all that apply*

- Roams in the house
- Confined to a screen or wire cage
 Cage Bottom is: wire solid
- Confined in a solid (glass/Plexiglass) cage
 Cage Bottom is: wire solid
- Other: _____

- Housed indoors _____%
- Housed outdoors _____%

What beddings is used in the cage?

- Recycled paper products (e.g. Carefresh)
- Wood shavings : Type _____
- Carpet

- Blankets/fleece
- ** Type of detergent used _____
- Other: _____

How often is the cage cleaned? _____

What type of cleaning products do you use? _____

Do you use litter? Y N If yes, what type is used? _____

How often is the litter box changed? _____

Is your pet exposed to environmental irritants or toxins such as cleaning agents, cigarette smoke, plants, etc.? Y N

If yes, what are they? _____

What do you feed your pet?

	Commercial Food	Homemade Diet <i>(what do you make?)</i>	Treats	Fresh Food <i>(types)</i>	Other
Brand					
How much is fed?					
How often do you feed this?					



Do you give your pet any vitamin or mineral supplements?

- No
 Yes

	Supplement 1	Supplement 2	Supplement 3
Type			
Brand			
How much is given?			
How often do you give it?			

How is water provided? *Please circle* Bowl Water bottle

How often is the water changed? _____

Is anything added to the water? _____

Is your pet currently on medications?

- No
 Yes

	Medication 1	Medication 2	Medication 3	Medication 4
Name				
Concentration				
How much is given?				
How often do you give it?				

Please list any animals your pet has contact with: *Include species*

- 1) _____
- 2) _____
- 3) _____
- 4) _____

For ferrets only, is there any previous vaccine history for your pet? Y N

If yes, please list previous vaccine names and dates given:

- 1) _____
- 2) _____

Do you have any specific questions for the doctor today?

Thank you for your information!