All Pets Veterinary Center 1219 Dorsey Lane Louisville, KY 40223 502-384-0551

Small Mammal Questionnaire
Client Name:
Patient Name:
Species:
Date:

Welcome to All Pets Veterinary Center. Your pet's health is our priority. Our goal is to provide state of the art, comprehensive, medical care for your animal. This questionnaire is designed to assist the medical staff with your pet's medical evaluation and examination.

1. When did you get your pet?	How old was the pet when you acquired it? _
2. Where did you get your pet from?	
a. Pet Store (name and location)	
b. Breeder (Name and location)	
c. Former owner	
d. Other	
3. Is the patient kept indoors or outdoors? _	
4. What describes your pet's house? (circle	one): hutch cage exercise pen room
roam of house:	
a. Approximate size:	
b. Cage construction (check): Plastic	Wood Wire Other:
	lastic Wood Wire Other:
	d shavings Wood Pellets Shredded Paper
Pelleted Paper Newspaper Flo	eece Towels No Bedding
Other:	
	od shavings Wood Pellets Shredded Paper
Pelleted Paper Newspaper Flo	
5. How often is the cage cleaned?	
6. How many hours a day is patient out of ca	age?
7. Pet's diet: Check all that apply:	
	w much How often
☐ Fresh greens (type)	<u>_</u>
	How often
	How often
□ Fruit (type)	
	How often
	ass Brome Oat Alfalfa Other:
	How often
8. Pet's water: Check all that apply:	
□ Bowl □ Water bottle	
How often is water changed? How often is bowl or bottle cleaned?	

sing, social, diet or other information that is not listed above:

Thank you, The All Pets Veterinary Center Team