



LISA M. CARR, DVM
drcarr@marylandexotics.com

LARA BACKUS, DVM
drbackus@marylandexotics.com

240-687-1414

SMALL MAMMAL NEW PATIENT FORM

Environment and diet play a fundamental role in the health of exotic pets. In order to obtain the best assessment of your pet's health and therefore provide the most appropriate care, it is very important that we have very detailed information regarding your pet. Please complete this form as thoroughly and accurately as possible. If you are unsure about any questions, please answer to the best of your ability or ask a veterinarian or staff member for clarification.

CLIENT INFORMATION

Date: _____ How did you hear about us? _____

First and Last name: _____

Spouse/Secondary Name (If applicable): _____

Mailing Address: _____

City/State/Zip: _____

Home Telephone: (____) _____ Work Telephone: (____) _____

Cell Phone: (____) _____ E-mail Address: _____

PATIENT INFORMATION

Pet's name: _____

Species: _____ Age/Date of birth: _____

Sex: Male Neutered Male Female Spayed Female Unknown

Color/Markings: _____

Where did you obtain your pet? _____

ENVIORNMENT

What type of cage does your pet have? _____

What are the dimensions? xH _____ xW _____ xL _____

Where in the house is the cage located? _____

What kind of bedding do you use? _____



LISA M. CARR, DVM
drcarr@marylandexotics.com

LARA BACKUS, DVM
drbackus@marylandexotics.com

240-687-1414

SMALL MAMMAL NEW PATIENT FORM

Does your pet use a litter box? _____

What kind of litter do you use? _____

How often are the cage and the litter box cleaned? _____

Briefly describe the cage accessories (bowls, house, toys) _____

Does your pet spend time out of the cage? Yes No

How is that time supervised? _____

How much and where? _____

Are there any other animals sharing the cage or in direct contact? Yes No

Explain: _____

Describe the living arrangements: _____

How often is your pet handled? _____

DIET

What kind of food and treats do you give your pets? _____



LISA M. CARR, DVM
drcarr@marylandexotics.com

LARA BACKUS, DVM
drbackus@marylandexotics.com

240-687-1414

SMALL MAMMAL NEW PATIENT FORM

How often and how much food are you feeding your pet? _____

Do you give your pets any supplements? For guinea pigs, do they receive Vitamin C? (In what form?) _____

Chinchillas

How often does your pet get a dust bath? _____

What kind of dust (brand if known) do you use? _____

MEDICAL HISTORY

Please list any previous medical problems: _____

Please describe the current problem and why you've brought your pet in for examination today. _____
