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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 applica	ble):
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 ha	ve?
What are the dimensions? xH	xWxL
Where in the house is the cage locat	ed?
What kind of bedding do you use?_	

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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?	🗌 No		
How is that time supervised?			
How much and where?			
Are there any other animals sharing the cage or in direct contact?		□No	
Explain: Describe the living arrangements:			
How often is your pet handled?			
DIET			
What kind of food and treats do you give your pets?			

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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?
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MEDICAL HISTORY

Please list any previous medical problems: _____

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