

Mammal Care Questionnaire

To help the doctor properly treat your pet,
please provide the following information in as much detail as possible.

Your name _____ Date _____

How will you be paying today? Visa MasterCard Discover Cash Care Credit

Your pet's name _____ Species _____

How old is your pet? _____ How long have you owned your pet? _____

How did you obtain your pet? _____

How is s/he housed? Please circle all that apply. 1) Roams in house 2) Confined in screen/wire cage

3) Confined in solid (glass or Plexiglas) cage 4) Cage bottom is solid 5) Cage bottom is wire

6) Housed indoors _____ % 7) Housed outdoors _____ %

What bedding is used in the cage? _____

If any bedding is washable, what types of detergents (scented, unscented, baking soda, bleach, etc.) are used? _____

What type(s) of litter do you provide if any? _____

How is water provided? Bowl Water-bottle Other (please describe) _____

What is the air temperature in your pet's environment? _____

How do you measure the temperature? Indicate all that apply. 1) Mercury thermometer 2) House thermostat 3) Dial thermometer (rotating hand) 4) Color strip thermometer 5) none

Is your pet exposed to any potential environmental toxins? (cleaning chemicals, cigarette smoke, plants, etc.)? If so, please list. _____

What do you feed your pet? Please list all food items, including treats. Please be specific. _____

Do you use any vitamin or mineral supplements? If so, please list the brand(s) used and how much is used: _____

Please list all medicines given (heartworm preventative, flea preventative, prescribed medicines, etc.) _____

List any animals your pet has contact with _____

Do you have any specific questions for the doctor today, concerning diet and environment? _____