

## Wildwood Veterinary Hospital 1115 Luchessi Drive, San Jose, California 95118 408.265.8811

## **Husbandry Information**

Thank you for giving us the opportunity to help care for your pet. In order to serve you better, please fill out the following information about your small mammal.

Patient name:			Date:	
Are there other pets in your	home? Yes No	)		
If yes, please specify	y:			
Does your pet share an enclosure with any other animals? Yes No				
If yes, please specify	y:			
What does your pet eat? Plea	ase include all foods and	d treats offered:		
Do you offer pellets? Yes No If yes, what brand?		at brand?		
Do you offer hay? Yes No If yes, what bra		at brand?		
Please list specific types of f	ruits and vegetables off	ered and the amount/fre	quency of each:	
How often do you feed your	net and how much is o	ffered?		
			tamins, multivitamin, other)?	
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What is the size and type of				
What kind of bedding (subst				
Paper bedding	Fleece bedding	Coconut fiber	Paper towels	
Aspen bark	Towels or recycled clothing		Other:	
Please list and describe any	cage furniture, hide spo	ts, branches, climbing st	cructures, and toys:	
How often do you clean the	cage and what do you u	ase?		
Do you provide a water dish	or water bottle?			
How frequently is it	cleaned?			
Do you handle your pet? Yes	s No			
If yes, how frequent	ly and how long?			
Does your pet get any free ro	oam time? Yes No	)		
If yes, how frequent	ly and how long?			