



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

**New Patient 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: \_\_\_\_\_

Do you know the sex of your pet? Female      Female Spayed      Male      Male Neutered

How was this determined? Diagnostic testing      Other: \_\_\_\_\_

If female, has your pet ever given birth? Yes      No

What is your pet's date of birth? (Month and year)? \_\_\_\_\_ Estimated: \_\_\_\_\_

Species: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Where did you acquire your pet? \_\_\_\_\_

When did you acquire your pet? (Month and year)? \_\_\_\_\_

**Husbandry Information**

Are there other pets in your home? Yes      No

If yes, please specify: \_\_\_\_\_

Does your pet share an enclosure with any other animals? Yes      No

If yes, please specify: \_\_\_\_\_

What does your pet eat? Please include all foods and treats offered: \_\_\_\_\_

Do you offer pellets? Yes      No      If yes, what brand? \_\_\_\_\_

Do you offer hay? Yes      No      If yes, what brand? \_\_\_\_\_

Please list specific types of fruits and vegetables offered and the amount/frequency of each: \_\_\_\_\_

How often do you feed your pet and how much is offered? \_\_\_\_\_

Do you give any supplements (Oxbow treats (please specify which type), vitamins, multivitamin, other)?

Yes      No      If yes, please specify: \_\_\_\_\_

What is the size and type of the cage? \_\_\_\_\_

What kind of bedding (substrate) is used in the cage?

Paper bedding      Fleece bedding      Coconut fiber      Paper towels

Aspen bark      Towels or recycled clothing      Other: \_\_\_\_\_

Please list and describe any cage furniture, hide spots, branches, climbing structures, and toys:

How often do you clean the cage and what do you use? \_\_\_\_\_

Do you provide a water dish or water bottle? \_\_\_\_\_



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How frequently is it cleaned? \_\_\_\_\_

Do you handle your pet? Yes      No

If yes, how frequently and how long? \_\_\_\_\_

Does your pet get any free roam time? Yes      No

If yes, how frequently and how long? \_\_\_\_\_

**Visit Information:**

What is the reason for the visit? \_\_\_\_\_

Has your pet received prior veterinary care? Yes      No

If yes, when and where? Please provide all locations and approximate dates: \_\_\_\_\_

Please describe any previous medical problems: \_\_\_\_\_

What medication is your pet currently on? Include all prescriptions, supplements, vitamins, topical treatments, etc: \_\_\_\_\_

If your pet is sick, has your pet experienced any of the following?

- |                  |                          |          |          |
|------------------|--------------------------|----------|----------|
| Regurgitation    | Diarrhea                 | Coughing | Sneezing |
| Loss of appetite | Change in activity level |          | No       |

If present, please describe: \_\_\_\_\_

Has your pet experienced any of the following?

- |                                |                       |                      |
|--------------------------------|-----------------------|----------------------|
| Excessive consumption of water | Excessive urination   | Straining to urinate |
| Decreased stool production     | Straining to defecate | No                   |

If present, please describe: \_\_\_\_\_

When did the above symptoms first appear? \_\_\_\_\_ N/A

How have these symptoms changed since first being noticed? \_\_\_\_\_ N/A

Have any at home treatments been provided for this concern? \_\_\_\_\_ N/A

**Behavior Comments:**

Has your pet exhibited aggressive behavior before? Yes      No

If yes, please describe: \_\_\_\_\_

Is your pet exhibiting hormonal or mating behaviors? Yes      No

I, the undersigned, certify that the above information is true and correct to the best of my knowledge.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Client Printed Name: \_\_\_\_\_

Primary Caretaker (if different from above) and age (if minor): \_\_\_\_\_

**Please Initial One:** Do Resuscitate: \_\_\_\_\_

Do Not Resuscitate: \_\_\_\_\_