

Avian & Exotic Pet Clinic of Roanoke
Small Mammal Background Sheet

Date: _____ Chart number: _____

Owner's name: _____ Pet's name: _____

Species: _____ Gender(check one): Female Male Undetermined

Spayed or neutered (check one): Yes No Undetermined

Microchip type/number: _____ Other identifying marks: _____

Where obtained: _____ When obtained: _____

Pet's use (check one): Pet Breeding Education

Size and type of caging: _____ Cage bottom substrate: _____

Cage location: _____

Other pets in household: (number and type) _____

Is your pet free to roam outside of his or her cage? Yes No

Water Source (Check all that apply): Bowl Drip System

Diet: (list types, amounts and frequency): _____

Supplements (Vitamins/minerals/snack food) _____

Past medical history (include reactions to medications, prior health problems and treatments, etc.): _____
