



Small Rodent Questionnaire

*Please fill out as much of the information below as possible.
A full background is essential in helping us work toward the diagnosis of any problem.*

Appointment date _____ Owner's name _____ Email _____
Phone numbers _____

Pet Information

Pet's name _____ Species _____ Age _____ Sex if known _____
Place of acquisition _____ Age at acquisition _____
Problem(s) _____

Cage Information

Dimensions and type of cage _____

What bedding material do you use? _____
Does your pet have free access around the house? _____
Any cage mates? _____
Any other pets in the household? _____
What type of product do you use to clean the cage? How often? _____

Diet Information

What and how much does your pet eat? _____

What food(s) does the pet prefer, and what does it actually eat? _____

How often do you feed and/or replace uneaten food? _____

Do you give any supplements (e.g., vitamins/minerals), treats, or table food? How often? _____

Does your pet drink from a bowl or a sipper bottle? _____

How often is the water changed? _____

Health Information

Any previous illnesses? _____

How long has your pet been ill? _____

Has your pet's problem remained the same, gotten worse, or fluctuated? _____

If female, could she be pregnant? _____

Any other cage mates affected/ill? _____

Any new pets introduced within the past six months? _____

Any change of food/water/bedding (type or source)? _____

Any signs of weight loss? _____

Any decrease in activity level? _____

Any change in appetite? _____

Any change in water consumption? _____

Any increase in urine production or straining to urinate? _____

Any blood in urine? _____

Any sneezing or discharge from the nose? _____

Any diarrhea? _____

Have you noticed any new lumps or bumps on your pet? _____

Any signs of hair loss or itchiness/skin irritation/dandruff? _____

Any difficulty breathing or discharge from the eyes or nose? _____

Have you treated your pet with any medications? If so, what and from where? _____