

AVIAN & EXOTICS - RODENT HISTORY



YOUR DETAILS

Your Name					Pets Name			Date			
Where did you obtain your rodent from?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Other _____		
	Pet Store	Breeder	Rescue Group	Friend or Family	Private Sale	Stray	Other				
How long have you owned it?					Estimated age when obtained			Is your rodent desexed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
									Yes	Unknown	No

DIET

What do you feed your rodent?										
Any Vitamin C supplements given?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	If given, how is it provided?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Other _____	
	Daily	Weekly	Never		directly as a tablet	as a liquid	with drinking water	other		

OTHER PETS, ENCLOSURE AND ACCESS TO HAZARDS

Other pets in household:					How many other rodents in household						
What type of house does your rodent live in tick all that apply	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Other _____		
	Indoors Only	Outdoors Only	Indoor & Outdoor	Free range	No enclosure	Entire Room	Hutch	Other			
Access to electrical cords:	<input type="radio"/>	<input type="radio"/>	Access to garlic or onion:	<input type="radio"/>	<input type="radio"/>	Access to lead paint:	<input type="radio"/>	<input type="radio"/>	Exposure to pesticides (including rodenticides):	<input type="radio"/>	<input type="radio"/>
	Yes	No		Yes	No		Yes	No		Yes	No
Access to wild rodents	<input type="radio"/>	<input type="radio"/>									
	Yes	No									

BEHAVIOUR & RECENT HISTORY

Activity and energy levels	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Appetite	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	Normal	Increased	Decreased	Unknown		Normal	Increased	Decreased	Unknown	
Ability to grasp food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Ability to chew and swallow food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	Normal	Increased	Decreased	Unknown		Normal	Increased	Decreased	Unknown	
Thirst	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Poo production	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	Normal	Increased	Decreased	Unknown		Normal	Increased	Decreased	Unknown	
Poo consistency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Urination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Other _____	
	Normal	Small & Dry	Soft & mucousy		Normal	Increased	Decreased	Other		
Changes in respiration										
	None Sneezing Coughing Nasal Discharge Difficulty Breathing									
Current medications (name and dosage)										
Previous Issues										
Current concerns										

Thank you taking time to complete this form. Please send it to info@sashvets.com before your appointment