

Avian & Exotic Pet Clinic of Roanoke  
Small Mammal Background Sheet

Date: \_\_\_\_\_ Chart number: \_\_\_\_\_

Owner's name: \_\_\_\_\_ Pet's name: \_\_\_\_\_

Species: \_\_\_\_\_ Gender (circle one): Female / Male / Undetermined

Spayed or neutered (circle one): Yes / No / Undetermined

Microchip type/number: \_\_\_\_\_ Other identifying marks: \_\_\_\_\_

Where obtained: \_\_\_\_\_ When obtained: \_\_\_\_\_

Pet's use (circle 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 (circle one): 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.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_