## **Small Rodent History/Husbandry Form**

(Rat, mouse, hamster, Gerbil, Degu)

Client Name		Pet Name	Date	
Type of Rodent	Age	Sex	Animal is a: Pet	Breeder
Background:				
Length of time owned		Where did you acquire	pet?	
How often is pet handled?	Daily	Occasionally	Never	
Husbandry:				
Housed: Indoor Outo	door D	oes pet roam free in house?	Yes No	Occasionally
Type of caging:	Si	ze of caging:	Cage location:	
Cage Substrate:	H	ow often is cage cleaned?		
Is a dust bath offered? Yes	No			
What is used to clean cage?				
Toys offered? Yes No	Litter box o	offered? Yes No		
Who is housed with pet? house	ed singly	with a cage mate	e mate how many?	
Do other pets interact with this	s pet? Ye	es No If yes, specify		
Other pets in the house? Yes	No If	yes, specify type and amount:		
Any new additions to the pet p	opulation? Yes	No If yes, specify		
Were new pets quarantined?	Yes No	Length of time?	How?	
Nutrition:				
Is pet eating well? Yes No	Is pet drink	ring well? Yes No		
Type of food offered:				
Hay? Yes No If ye	s, which brand_		Amount fed/frequ	uency
Pellets? Yes No If ye	s, which brand_		Amount fed/frequ	uency
Seed Mixture? Yes No If ye	s, which brand_		Amount fed/frequ	uency
Fresh Fruit/Vegetable? Yes N	o If yes, whic	h type	Amount fed/frequ	uency
Supplements/Vitamins? Yes N	No If yes, whic	h brand	Amount fed/frequ	uency
Water source?	H	ow often is water changed?		
Reason for visit:				
Which type of visit is this? Well	ness Si	ck/behavior If sick/behavio	or issue please explain	?
How long has pet had this issue	e?	Are other pets in house	e with the same issue?	? Yes No
Describe the pet's feces:				
Is pet urinating normally? Yes		pet defecating normally? Yes	No	
Any recent travel? Yes				
Any known medication reaction	ns? Yes N	o If yes please explain:		