

Southlake Animal Hospital

Small Mammal Questionnaire

Date: _____

Owner: _____ **Pet's Name:** _____

What types of small mammal(s) do you have? _____

How long have you had this animal? _____

Approximate Age? _____

Where did you purchase your pet? _____

When was your pet's last bowel movement? _____

Who is the animal's primary caretaker? _____

How much do you handle your pet? _____

How often do you clean your enclosure? _____

What products do you use to clean it? _____

Please describe the enclosure your pet is kept in: Include where enclosure is kept in the home, next to window, drafts, size of enclosure, etc.

What type of lighting is used in the enclosure? Please include brand, UVB (if any)

What is your pet's diet?

What type of heat do you provide? Please include temperature, hot areas, cold areas etc.

What type of water system do you use – bowl, bottle, both? _____

Does your pet share an enclosure? Y / N Describe _____

What type of substrate/bedding is used in the enclosure? _____