

Small Mammal/Exotic Drop-off or Illness Information

Client Name: _____ Pet's Name: _____

Today's Date: _____

A) Has your animal had any coughing, wheezing, or sneezing? Y or N If Y, any discharge? Y or N
(Describe) _____ How often? _____

B) Any diarrhea or vomiting? Y or N If yes, how often? _____ (Describe)

C) Has your animal's activity level changed recently? Y or N Increased or decreased?

D) Is there any excessive scratching or licking? Y or N What location on body? _____

E) Is your animal lethargic or closing its eyes often? Y or N

F) Are any other pets sick? Y or N

G) Has your animal's eating habits changed recently? Y or N Increased or decreased?
Has your animal's drinking increased or decreased or the same? _____

H) Have you tried any medications for treating this illness? Y or N or N/A If yes, list names
of treatments and dosages: _____

I) Have there been any changes in husbandry or diet recently (ie, petsitter, new food or bedding,
different home)? Y or N If yes, describe: _____

If you answered yes to any of the above questions please explain. Also, list any other
peculiar symptoms or behavior you have noticed. Include when it first appeared.
