

Client last name: _____

Patient Information **Small Mammal**

Pets Name: _____ Birth date: _____

Species: _____ M ___ F ___ Spayed or Neutered? _____

Color: _____ Markings _____

Ferrets: Current on all vaccinations? Yes No When/Where _____

Adoption Location? _____

Diet? _____

Water Source Type? _____

Enclosure Type? _____

Substrate? _____

Housed with other pets? Yes No How many? _____

Serious Medical Problems? Yes No
Explain: _____

Medications? Yes No
Products: _____

List any other pets in your household: _____

Who was your previous veterinarian? _____

Please attach any other medical information to this form.