



#450, 412 Pine Creek Road
Dewinton, AB T0L 0X0 (The Lake at Heritage Pointe)

403-256-PAWS (7297)
During Hours and Emergency

Exotic Mammal History Form

Date: _____

Reason for visit: _____

Patient Name: _____ Species: _____

How long have you had your pet? _____

Where did you obtain your pet from? _____

Does your pet have any cage mates? Housemates? Are they healthy? _____

What does your pet eat? Hay _____% (timothy alfalfa mix) Pellets _____% Veggies _____%

Please describe your pet's habitat:

- Cage type/size _____
- Type of substrate on bottom _____
- Hiding spots/toys _____
- Litter box/type of litter _____
- Dust bath available? _____
- Type of bedding used _____
- Location of habitat _____
- Type of water source _____

Does your pet get exercise time outside of its habitat? If so, where? _____

Do you bathe your pet? If yes, how frequently? _____

Please list any medications or supplements your pet is getting _____

Please describe previous medical concerns _____

Is your pet spayed or neutered? _____

Symptoms today (please circle):

- Bald patches
- Runny Eyes
- Sneezing
- In appetite
- Lethargy
- Diarrhea
- Other _____