



Exotic Companion

Hedgehog Registration Date: _____

Pet Details..... Hedgehog's Name: _____

Species/Breed/Variety _____

Sex: M _____ F _____ Neutered or Spayed? _____ If Yes, When? _____ At what age? _____

Weight _____ Date of birth _____ Color _____ Length of time in household _____

Housing.....

Does hedgehog have access to entire house? _____ Yard? _____ Exercise pen? _____

Other special quarters? _____

Temperature in enclosure: Day? _____ Night? _____ Type of Bedding: _____

Share cage with other Hedgehogs? Y N If yes: male or female Other household pets: _____

Diet/Feeding.....

Basic, primary food(s) _____ How often are those offered? _____

How long does it take to eat each portion? _____

Other foods offered? _____ How often? _____

Hedgehog drinks from a: Bottle? _____

Bowl? _____

History.....

Please list briefly any previous health problems, including when you noticed and when and how they were resolved: _____

Adverse reactions to medications? _____

Date of last fecal parasite test _____ Results: _____

Reason for today's visit.....

If for illness or injury, please include date first noticed, changes observed during the problem, methods of treatment used (if any), and any other important, pertinent details.
