



Exotic Companion

Pet Rodent Registration Date: _____

Pet Details..... Pet Rodent'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 _____

Females only: How many litters? _____ When was last litter? _____

Housing.....

Does pet rodent have access to entire house? ___ Yard? ___ Fenced area? ___ Exercise wheel? ___

Describe cage? _____

How often do you clean cage? _____

Cage size: ___ x ___ x ___ Share cage with other Pet Rodents? Y N If yes: male or female

Other household pets: _____ Temperature in enclosure: Day? ___ Night? ___

Type of Bedding: _____ Duration of light: ___ hrs Dark: ___ hrs

Hours in direct sunlight? ___ Lights turned on/off by family? _____

Diet/Feeding.....

Pet Rodent diet: Seeds ___% Pelleted diet ___% Brand? _____

Hay ___% Fresh Produce ___% Types/how often? _____

Table foods ___% Types/how often? _____

Pet Rodent 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.
