VCA South Shore (Weymouth) Animal Hospital

Client Sticker

Department of Avian and Exotic Animal Medicine
Mammal History Form

General History

Patient Name			
Common/scientific name			
Age		☐ Approximate	☐ Exact
Sex	☐ M ☐ F ☐ Unknown ☐ Spayed ☐ Neutered		
Where was your pet acquired from?	☐ Breeder	☐ Swap meet	
	☐ Pet Store / Online retailer	☐ Other _____	
How long have you had your pet?			
If applicable, do you have a license (DNR/USDA) to own this animal? *Please bring your license with you*	☐ Yes ☐ No	Describe:	
Do you have other animals in your house?	☐ Yes ☐ No	Describe:	
When was the last animal added to your household?			
Has your pet had contact with any other animals in the last 30 days?	☐ Yes ☐ No	Describe:	

Housing

Is your pet kept…	☐Indoors	☐Outdoors	☐Both
What percentage of time does your animal spend inside/outside the cage?	Inside: ____% Outside: ____%	Is your animal supervised when outside? ☐Yes ☐No	
What is the cage made of?	Cage sides: ☐Wire ☐Mesh ☐Glass ☐Other Cage bottom: ☐Plastic ☐Wire ☐Mesh ☐Glass ☐Other		
What are the cage dimensions or approximate size of the cage?			
Is there ventilation?	☐No ☐Yes Describe:		
What décor/furnishings are present?			
What kind of bedding do you use? How often do you clean and change it?			
Is your pet litter trained?	☐Yes ☐No		
Do you provide bathing/dusting?	☐Yes ☐No	Describe:	
How often do you clean the cage?			
What products do you use to clean it?			
Does your pet have access to natural sunlight?	☐No ☐Yes. If yes, is it direct or through plastic or glass?		
	Frequency and length of time:		

What is your pet's day and night cycle?	Hours of daytime:	Hours of nighttime:
Are there any smokers in the house?	☐Yes ☐No	
Do you use any aerosolized products at home?	☐Yes ☐No	Describe:
Is your pet housed alone?	☐Yes ☐No	Describe:
Have there been any changes in the environment in the past three months?	☐Yes ☐No	Describe:

Diet

What foods are offered to your pet, and in what percentages?	Pelleted diet: %	Brand:
	Hay: %	Type:
	Veggies: %	Types:
	Fruits: %	Types:
	Meat: %	Describe:
	Insects: %	Describe:
	Other: %	Describe:
How often do you feed your pet?		
Any nutritional supplements offered?		
Any treats offered? Type? How often?		
Any recent diet changes?		
How is water offered?	☐Water bowl ☐Dipper system (bottle) ☐Spray ☐Fountain	
How often is water changed?		
What type of water is offered?	☐Tap ☐Bottled ☐Filtered ☐Other	
Do you use any water supplements?	☐No ☐Yes Describe:	
Any changes in feeding or drinking behavior?	☐No ☐Yes Describe:	
Any changes in feces or urine?	☐No ☐Yes Describe:	

Medical History

Has your pet ever been to another vet?	☐Yes ☐No ☐Unsure	Location and dates:
Any reproductive history?	☐ Yes ☐ No	Describe:

	☐ Unsure	
Does your pet have any history of any medical conditions?	☐Yes ☐No ☐Unsure	Describe:
Is your pet on any medications, or received any in the last 3 months?	☐Yes ☐No ☐Unsure	Describe:
Has your pet been vaccinated?	☐Yes ☐No ☐Unsure	Describe:
Any other pets or persons in the house with illness in the past 3 months?	☐Yes ☐No ☐Unsure	Describe:

Reason for Today's Visit

What is your reason for visit?	☐Wellness / Healthy pet	☐Sickness / Ailment / Injury	☐Other
If your pet is sick, what is the primary complaint today, or what signs have you noticed?			
How long have these problems been present?			
Have there been any changes in your pets environment in the last 3 months?	☐Yes ☐No ☐Unsure	Describe:	