



## Ferret Background Sheet (*Mustela putorius furo*)

Owner's Name: \_\_\_\_\_ Pet's Name \_\_\_\_\_ Date of birth: \_\_\_\_\_

Gender (circle): male / female      Neutered/spayed (circle): yes / no

Color or markings: \_\_\_\_\_ Tattoo or microchip #: \_\_\_\_\_

Where obtained: \_\_\_\_\_

Length of ownership: \_\_\_\_\_ Animal's use (circle): pet / breeder / show / education

Size and type of caging: \_\_\_\_\_

Type of bedding and litter: \_\_\_\_\_

Cage location (circle): indoor / outdoor      Free roaming (circle): yes / no

Number of ferrets in household: \_\_\_\_\_ Number of ferrets sharing cage: \_\_\_\_\_

Water (circle): dish / bottle      Diet (type, brand, amount and frequency): \_\_\_\_\_

Supplements (vitamins, minerals, snacks, people food, etc.): \_\_\_\_\_

Most recent vaccine dates: Rabies: \_\_\_\_\_ Distemper: \_\_\_\_\_ Other: \_\_\_\_\_

Reactions to vaccines and/or medications (circle): yes / no (list type): \_\_\_\_\_

On heartworm or flea preventative? Yes / No (List type): \_\_\_\_\_

Previous illnesses or conditions (including dental): \_\_\_\_\_

Treatment and outcome: \_\_\_\_\_



Be sure to also fill out a new client form or sick pet form where appropriate.



## Guinea Pig Background Sheet (*Cavia porcelus*)

Owners Name: \_\_\_\_\_ Pet's Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Gender (circle): male / female

Neutered/spayed (circle): yes / no

Breed: \_\_\_\_\_

Color or markings: \_\_\_\_\_

Microchip #: \_\_\_\_\_

Where obtained: \_\_\_\_\_

Length of ownership: \_\_\_\_\_

Animal's use (circle): pet / breeder / education

Size and type of caging: \_\_\_\_\_

Type of bedding: \_\_\_\_\_

Cage location (circle): indoor / outdoor

Number of guinea pigs in household: \_\_\_\_\_ Number of guinea pigs sharing cage: \_\_\_\_\_

Free roaming (circle): yes / no

Water (circle): dish / bottle

Diet: Hay (list type) : \_\_\_\_\_

Pellets (list type): \_\_\_\_\_

Vegetables or fruit (list type): \_\_\_\_\_

Other (please list): \_\_\_\_\_

Supplements (Vitamin C, mineral blocks, chew sticks, etc.):

\_\_\_\_\_

\_\_\_\_\_

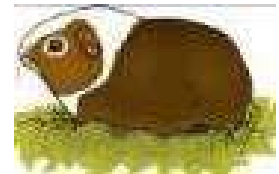
Previous illnesses or conditions (including dental): \_\_\_\_\_

\_\_\_\_\_

Treatment and outcome:

\_\_\_\_\_

\_\_\_\_\_



**Be sure to also fill out a new client form or sick pet form where appropriate.**



## Hedgehog Background Sheet

Owner's Name: \_\_\_\_\_ Pet's Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Gender (circle): male / female / undetermined      Neutered or spayed (circle): Yes / No

Species (African, European, Pruner's, etc.) \_\_\_\_\_

Microchip #: \_\_\_\_\_      Where obtained \_\_\_\_\_

Length of ownership: \_\_\_\_\_      Animal's use (circle): pet / breeder / education

Size and type of caging: \_\_\_\_\_

Number of hedgehogs in household: \_\_\_\_\_      Number of hedgehogs sharing cage: \_\_\_\_\_

Type of bedding: \_\_\_\_\_      Water (circle): dish / bottle

Diet (list type, brand, amount and frequency): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other (Vitamins, snacks, etc.):

\_\_\_\_\_

Previous illnesses or conditions (including dental): \_\_\_\_\_

\_\_\_\_\_

Treatment and outcome: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**Be sure to fill out a new client form or sick pet form where appropriate.**



## Rabbit Background Sheet (*Oryctolagus cuniculus*)

Owner's Name: \_\_\_\_\_ Pet's Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Gender (circle): male / female      Neutered/spayed (circle): yes / no

Breed: \_\_\_\_\_ Color or markings: \_\_\_\_\_

Tattoo or microchip #: \_\_\_\_\_ Where obtained: \_\_\_\_\_

Length of ownership: \_\_\_\_\_ Animal's use (circle): pet / breeder / show / education

Size and type of caging: \_\_\_\_\_

Type of bedding and litter: \_\_\_\_\_

Free roaming (circle): yes / no      Cage location (circle): indoor / outdoor

Number of rabbits in household: \_\_\_\_\_ Number of rabbits sharing cage: \_\_\_\_\_

Water (circle): dish / bottle

Diet: Hay (list type): \_\_\_\_\_

Pellets (list type): \_\_\_\_\_

Vegetables or fruit (list type): \_\_\_\_\_

Other (please list): \_\_\_\_\_

Supplements (mineral blocks, chew sticks etc.):  
\_\_\_\_\_  
\_\_\_\_\_

Previous illnesses or conditions (including dental): \_\_\_\_\_  
\_\_\_\_\_

Treatment and outcome: \_\_\_\_\_  
\_\_\_\_\_



**Be sure to fill out a new client form or sick pet form where appropriate.**



## Hamsters, Gerbils, Mice and Rats (Circle one) Background Sheet

Owner's Name: \_\_\_\_\_ Pet's Name: \_\_\_\_\_ Date of birth:

\_\_\_\_\_

Gender (circle): male / female

Neutered/spayed (circle): yes / no

Breed: \_\_\_\_\_

Color or markings: \_\_\_\_\_

Microchip #: \_\_\_\_\_

Where obtained:

\_\_\_\_\_

Length of ownership: \_\_\_\_\_

Animal's use (circle): pet / breeder / show / education

Size and type of caging:

\_\_\_\_\_

Type of bedding: \_\_\_\_\_

Cage location (circle): indoor /

outdoor

Number of rodents in household: \_\_\_\_\_

Number of rodents sharing cage:

\_\_\_\_\_

Free roaming (circle): yes / no

Water (circle): dish / bottle

Diet (type, brand, amount, frequency):

\_\_\_\_\_

\_\_\_\_\_

Supplements (mineral blocks, chew sticks etc.):

\_\_\_\_\_

\_\_\_\_\_

Previous illnesses or conditions (including dental): \_\_\_\_\_

\_\_\_\_\_

Treatment and outcome: \_\_\_\_\_

\_\_\_\_\_



**Be sure to fill out a new client form or sick pet form where appropriate.**