

Skillful Care



Gentle Hands

# Mammal History/Husbandry Form

*Please answer the following questions as accurately as possible. Problems relating to improper housing and feeding are common among pet birds. Your answers will help us recommend any changes that may influence your animal's well being. We will also provide you with a list of our recommendations to consider.*

Today's Date \_\_\_\_\_

Owner's Name

Pet's Name

\_\_\_\_\_

\_\_\_\_\_

1.) How long have you had your pet?

\_\_\_\_\_

2.) Where did you acquire your pet?

\_\_\_\_\_

3.) What kind of habitat is your pet housed in (aquarium, Plexiglas, wooden, etc.)?

\_\_\_\_\_

What is in the cage? (toys, branches, boxes, etc.)?

\_\_\_\_\_

What type of substrate do you use?

\_\_\_\_\_

4.) What type and brand of food do you feed your pet?

\_\_\_\_\_

How much/often? \_\_\_\_\_

Please list any table food, treats, and supplements you give your pet.

5.) Has your pet had any vaccinations in the past/recently? Yes  No

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6.) To your knowledge, is there any history of illness or injury? Yes  No

7.) Do you have any other small pets? Yes  No

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If so, are they housed separately or together? \_\_\_\_\_

8.) How often do you clean your pet's habitat? \_\_\_\_\_

What do you use to clean it? \_\_\_\_\_

9.) Is your pet used to being handled? Yes  No

10.) Does your pet ever roam free in the house? Yes  No

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11.) Have you noticed any changes in your pet's behavior, eating/drinking habits, or stool lately?

Yes  No

If so, please explain.

12.) Has your pet been on any medications recently, or are they currently on any now? Yes  No

If so, what medication? \_\_\_\_\_

Dosage? \_\_\_\_\_

13.) Does your pet have any current problems or noticeable symptoms? Yes  No

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How long have they been present?

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**\*\*Guinea Pigs:**

Do you give your guinea pig Vitamin C? Yes  No

If so, how much and how often?

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**\*\*Ferrets:**

When were the last known vaccinations given? \_\_\_\_\_

Which vaccinations were given?