



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 porcellus)

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): _____

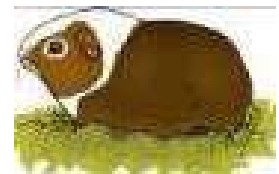
Vegetables or fruit (list type): _____

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.