

Bernardsville Animal Hospital
41 Morristown Rd
Bernardsville, NJ 07924
908-766-0041

Exotic Companion Animal History

General Information

Species/breed : _____

How long have you had your pet?: _____

Age: _____ Sex: _____ Spay/Neutered: _____

If yes, when and what age? _____

Housing/Environment

Size/Type of Cage: _____

What do you use for bedding?: _____

How often is the cage cleaned?: _____

What cleaning agents do you use?: _____

How often is bedding changed?: _____

Litter trained?: _____ What type of litter used?: _____

Any toys/enrichment ? (please list): _____

Location of the pets housing in the home : _____

Percent of time your pet spends:

Confined in cage: _____ Out without supervision: _____ Out under direct supervision: _____

Does your pet have access to the outdoors?: _____ How often?: _____

Is your pet handled? _____ How often?: _____

List other pets in household: _____

Is there direct contact?: _____

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Any changes to your pets environment in the last 6 months (ie. Moving. Change of cage, loss of pets, travel ect): _____

Has your pet been out of the home in the last year?: _____

Diet

Pelleted diet : _____% Brand: _____

Fresh produce: _____% Types: _____

Treats: _____% Types: _____

Other foods: _____% Types: _____

Supplements/vitamins/water additives/ list types: _____

How is food offered and when? _____

Last time your pet ate: _____

How is water provided? _____ How often is it changes/re-filled? _____

Is anything added to the water?: _____

Medical History

Has your pet ever been reproductively active?: _____

Has this pet been examined by another veterinarian?: _____

Has your pet had any injuries, illnesses, or surgeries? Please describe in full:

Please list any vaccinations your pet has received including dates:

Has your pet ever had a vaccine reaction?: _____

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Does your pet have any of the following symptoms? (check all that apply):

- Cough Sneeze Runny nose Runny eyes Behavior issues
 Vomiting/regurgitation Abnormal droppings Changes in appetite/thirst

Is your pet exposed to environmental irritants or toxins (ie. Cleaning agents, cigarette smoke, plants etc.): _____

Please describe any concerning problems:

When did you first notice the problem?:

Has it gotten any worse?: _____

Have you (or your veterinarian) administered any medications or treatments?:

Please list:

Oral: _____ Via food/water: _____

Injection: _____ Topical: _____

Have the treatments helped?: _____

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