

EXOTIC COMPANION Pet Rodent Registration

| Primary Caregiver's Name: | | Phone Number: | |
|--|-------------------|---------------|------------------|
| Pet R | odent's Name: | | |
| Pet Details | | | |
| Species/Breed/Variety: | I.D. Type: | I.D. No | D.O.B: |
| Sex: M F Neutered or Spayed? | If yes, when? | Color: | Weight: |
| Length of Time in Household: | Females Only: How | Many litters: | When was litter? |
| Odd Behaviors: | | | |
| | Housing | | |
| Does the Pet Rodent have access to entire house | e? yard? | Fenced Area? | Exercise wheel? |
| Type of enclosure? | | Cage Size:x | xx |
| Substrate covering cage? How Often do you clean cage? | | | |
| | Diet/Feedir | ıg | |
| Pet Rodent's Diet: Seeds% Pellet D | iet% Brand | ? | |
| Fresh Produce% Table Foods% Types/How Often? | | | |
| Hay% Alfalfa% Other Foods? | | | |
| | History | | |
| Please list briefly any previous health problems, including when they were noticed and how they were resolved: | | | |
| Adverse Reaction to Medications? | | | |
| Date of last fecal parasite test? | Results? | | |
| Reason for todays visit? | | | |