## Mammal Care Questionnaire

Your name	Today's Xate
Your pet's nameSpecies/Breed	
How old is your pet?SSSSSSSSSS_ <cw long<="" td=""><td>g have you owned your pet?SSSSSSSS</td></cw>	g have you owned your pet?SSSSSSSS
Where did you get your pet?	
How is your pet housed? <i>Please mark all that a</i>	pply.
□ Roams in house	Cage bottom is: $\square$ wire $\square$ solid
□ Confined to a screen or wire cage	☐ Housed indoors%
<ul><li>□ Confined in a solid (glass / Plexiglas) cage</li><li>□ Other</li></ul>	□ Housed outdoors%
What bedding is used in the cage?	
☐ Recycled paper product (e.g. Carefresh)	□ Blankets / fleece
□ Wood shavings: Type	** Type of detergent used
□ Carpet	□ Other
Do you use litter? Y N If so, what type is	used?
Is your pet exposed to environmental irritants of plants, etc.)? M B  If so, what are they?	or toxins such as cleaning agents, cigarette smoke,
•	
What do you feed your pet? $\Box$ Commercial foo	od □ Homemade diet □ Treats □ Other
Please list all food items given:	
How often do you feed your pet?	
Do you give your pet any vitamin or mineral su	ıpplements?''M''B
If yes, please list the brand(s) used	
How much is given and how often?	

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Is anything added to the water?	
Is your pet currently on medications? Y N If so, please list medications, how much is given, and how often they are given:	
Please list any animals your pet has contact with:	
Do you have any specific questions for the doctor today?	
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Thank you for your information!