



**Borash Veterinary Clinic**

**79 Prospect Street**

**Peabody, MA 01960**

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**SMALL MAMMAL SURVEY (ferrets, rabbits, rodents)**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

Does your pet have any of the following? Circle all that may apply: Coughing / Sneezing / Vomiting / Diarrhea	
Have there been any changes in the following:	
<input type="checkbox"/> Appetite: increase or decrease	
<input type="checkbox"/> Water Intake: increase or decrease	
<input type="checkbox"/> Activity level: increase or decrease	
How long have you owned this pet?	
<b>Medical history</b>	
Has this pet been seen previously by a veterinarian: ____ YES ____ NO      Where?	
Is your pet on any medications? ____ YES ____ NO - Type and dose:	
Is your pet on any supplements or vitamins? ____ YES ____ NO - Type and dose:	
Does your pet have any allergies or sensitivities? ____ YES ____ NO	
<b>Diet</b>	
What brand of commercial diet does your pet eat?	
How much do you give per feeding?	How often?
What types of table food is given (IE fresh greens, fruits, etc)	
How much do you give per feeding?	How often?
What type of treats do you give?	
How much do you give per feeding?	How often?
<b>Water</b>	
How is water provided? (dish or bottle)	
How often is container filled?	How often is container cleaned?
<b>Housing</b>	
What is the type and size of cage?	
Type of bedding used?	
Frequency of cage cleaning?	
Is pet housed alone or with other pets?	
<b>Exercise</b>	
Method:	Frequency:
<b>Handling</b>	
How often is pet handled?	By whom?
Do you check / clean ears & teeth:	
Do you clip nails:	