



Small Mammal Medical History Sheet



In order to obtain optimal safety for all guests at the Animal Activity Center, Inc. it is essential that we have an overview of our guest's medical history and/or personal history. When appropriate, if your pet has not received vaccinations required for their stay, but you have a signed medical explanation from your

Clients Name: _____

Guest Name: _____

Vaccination Information - Ferrets Only

Ferret Distemper Vaccine Booster (Y/N) Date Given: _____/_____/_____
 Ferret Rabies Vaccine (Y/N) Date Given: _____/_____/_____
 Fecal (Y/N) Date Performed: _____

Has your pet been treated for E.Cuniculi Yes/No (Rabbits Only)

Has your pet been treated for Pasteurella Yes/No (Rabbits Only)

What types of toys are given?

What kind of substrate do you use? (comefirst, towels, newspaper, veterinary referred) _____

Is your pet litter trained Yes/No If so, what type of litter box and litter?

Is your pet used to being handled? Yes/No

Is there a history of Respiratory Disease Yes/No

If so, please explain:

Is there a history of Gastrointestinal Disease Yes/No

If so, please explain:

Is there a history of nerve damage? Yes/No

If so, please explain:

Do you use hairball preventative? Yes/No If so please describe:

Do you use vitamin supplements? Yes/No If so please describe _____

Is your pet on any medications? Yes/No If so please list:

1. _____ Dosage