



# Rabbit, Chinchilla and Small Mammal Environment Form

Owner \_\_\_\_\_ Patient \_\_\_\_\_ Date of Birth \_\_\_\_\_

Telephone \_\_\_\_\_ Circle 1: Rabbit Chinchilla Gerbil Guinea Pig  
Hamster Rat/Mouse Other \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_ Sex: M F Spay/Neuter

Before examining your pet, we would like some additional information regarding his or her housing and diet. These two factors are important to the health of your pet, and vary greatly from house to house.

Date \_\_\_\_\_ Completed by \_\_\_\_\_

## Housing

Size/make of cage \_\_\_\_\_

Location of cage in house (near heater/window, in what room?) \_\_\_\_\_

Substrate (what's on the bottom?) \_\_\_\_\_ Grate with tray below? Y N

Frequency changed \_\_\_\_\_ Frequency cleaned \_\_\_\_\_

Does your pet use a litterpan? Y N If so what's in the pan? \_\_\_\_\_

Frequency changed \_\_\_\_\_ Frequency cleaned \_\_\_\_\_

Cage furniture (hide boxes, tunnels, etc.) \_\_\_\_\_

Chew sticks, etc. provided? \_\_\_\_\_

Toys provided? \_\_\_\_\_

Is your pet allowed out of the cage? Y N

Supervised? \_\_\_\_\_ Length of time/daily \_\_\_\_\_

## Diet

Commercial Products:

1. Pellets Y N Brand: \_\_\_\_\_ Frequency fed: \_\_\_\_\_ % of diet: \_\_\_\_\_

2. Seed Y N Brand: \_\_\_\_\_ Frequency fed: \_\_\_\_\_ % of diet: \_\_\_\_\_

Roughage:

1. Hay: Timothy Bermuda Alfalfa Other \_\_\_\_\_

Where is it purchased? \_\_\_\_\_

Fresh Foods \_\_\_\_\_

Other Foods \_\_\_\_\_

Vitamins/Supplements \_\_\_\_\_