



Des Moines Veterinary Hospital
21935 Pacific Highway S.
Des Moines, WA 98198
206-878-4111

New Small Mammal Form

Date: _____

Owners Name: _____

Pets Name: _____ Birthday/ Age: _____

Male: _____ Female: _____ Unknown: _____ Spayed or Neutered: **(Yes/No)**

Species: _____ Breed: _____ Color: _____

Length of ownership: _____

Enclosure type: _____

Substrate (*Material at bottom of cage*): _____

Cage mates? _____ Total pets in household? _____

Water source: _____ Changed how often? _____

Diet:

Please list any supplements or vitamins your pet is currently:

Please list any medical conditions or major illnesses your pet has had:

Has this pet been seen at another veterinary clinic or hospital? If yes, where?
