



### Small Mammal/Rodent Information

Owner's Last Name \_\_\_\_\_ First \_\_\_\_\_

Patient's Name \_\_\_\_\_ Age/Birthday \_\_\_\_\_

Species \_\_\_\_\_ Breed \_\_\_\_\_

Sex: Male  Female  Spayed/Neutered? Yes  No  Microchipped? Yes  No

How long have you owned your pet? \_\_\_\_\_

What type of cage and bedding? \_\_\_\_\_

Is this pet caged with other pets? (please list) \_\_\_\_\_

Please list all food and treats given:

\_\_\_\_\_  
\_\_\_\_\_

Is their water source from a bottle  or bowl  How often changed? \_\_\_\_\_

List any medications or supplements given:

\_\_\_\_\_  
\_\_\_\_\_

List any major surgeries or illnesses your pet has had:

\_\_\_\_\_  
\_\_\_\_\_

Previous Medical Records? Yes No

If yes, which clinic? \_\_\_\_\_ May we contact them? Yes No

Please circle any of the following medical issues you have concerns with for your pet:

Abnormal Behavior                      Difficulty moving                      Masses or Lumps

Diarrhea                                      Lethargy/Listlessness                      Inappetance

Coughing/Sneezing                      Eye/Nasal Discharge                      Itching/Hair Loss

Other: \_\_\_\_\_

This form can be faxed to us at (425) 947-9832  
or scanned and emailed to [pinetreehospital@gmail.com](mailto:pinetreehospital@gmail.com)  
or brought in with you for your first appointment

**Professional Fees are to be paid at time of services. For your convenience we accept cash, check (with a valid driver's license), Visa, Mastercard, American Express, Discover and Care Credit. Returned checks are subject to a \$35.00 fee.**

Signature \_\_\_\_\_ Date \_\_\_\_\_