



Small Mammal/Rodent Information

Owner's Last Name _____ First _____

Patient's Name _____ Age/Birthday _____

Species _____ Breed _____ Coloring _____

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

How long have you owned your pet? _____

Please list all foods and treats given:

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

What type of cage and bedding:

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

List any medications or supplements given:

List any major surgeries, illnesses or medication reactions your pet has had:

Previous Medical Records? Yes No

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

Does your pet have Pet Insurance? Yes No If yes, with whom? _____

Reason for exam:	Annual Physical	Masses or Lumps
Abnormal Behavior	Difficulty moving	Itching/Hair Loss
Diarrhea	Lethargy/Listlessness	Inappetance
Coughing/Sneezing	Eye/Nasal Discharge	
Other:	_____	

This form can be faxed to us at (509) 505-0251
or scanned and emailed to 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** _____