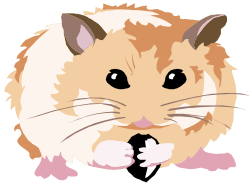




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RODENT QUESTIONNAIRE



Please fill out as much of the information below as possible. A full background history is essential in helping us work towards the diagnosis of any problem.

Name _____

PROBLEM

ANIMAL

Pet Name _____

Species _____

Age _____

Sex _____

Place of Acquisition _____

Age at Acquisition _____

ENCLOSURE

Dimensions & Type_____

What bedding materials do you use?_____

Does your pet have free access around the house?_____

Any Cage mates_____

Any Other Pets_____

What disinfectant do you use to clean the cage? How often?

DIET

Diet/Proportions_____

What food does the pet prefer and what does it actually eat?_____

Frequency of feeding and replacement of old food_____

Supplements/Treats/Frequency e.g. vitamins/minerals_____

Water Source: bowl or sipper bottle?_____

How often is the water changed?_____

HEALTH

Any previous illnesses?_____

How long has your pet been ill?_____

Has your pet's problem remained the same, got worse or fluctuated? _____

If female, could she be pregnant? _____

Any other cage mates affected/ill? _____

Any new pets introduced within the last six months? _____

Any change of food /water/bedding (type or source) ? _____

Any signs of weight loss? _____

Any decrease in activity level? _____

Any change of appetite? _____

Any change in water consumption? _____

Any increase in urine production or straining to urinate? _____

Any blood in the urine? _____

Any sneezing or snuffling? _____

Any Diarrhea? _____

Have you noticed any new lumps or bumps on your pet? _____

Any signs of hair loss or itchiness/skin irritation/dandruff? _____

Any difficulty breathing or discharge from the eyes or nose? _____

Have you treated your pet with any medications? If so, what and from where? _____