



Exotic Animal Husbandry – Client Information Sheet
Small Mammals (Rodents, Rabbits, Ferrets, Hedgehogs, Sugar Gliders)

Pets Name: _____	Owner's Name: _____
Species: _____	Today's Date: _____

Your Pet's First Visit:

- Where was your pet obtained? When?
.
- How old is your pet? (Date of Birth)
.
- Are there any other pets in the household?
.
- Does your pet have any cage mates?
.
- Does your pet have any previous healthcare conditions or medications (Please note if your pet is spayed or neutered):
.

Husbandry:

- Housing/Cage Description:
.
- Substrate/Cage Lining:
.
- Cage Contents (Toys, Wheels, Perches, etc.):
.
- Cage/Room Temperature (Heat Source)
.
- Location of Cage in the Household:
.
- Cage Cleaning Protocol/Frequency:
.
- Hours Per Day Caged:
.

Diet:

- Staple Diet (Seed, Pellets, Mixture):
.
- Fresh or Frozen Foods:
.
- Treats/Supplements:
.
- Frequency Food/Water is Changed:
.
- Eating/Drinking
.
- Passing Urine and Feces:
.