



# Capri Plaza Pet Clinic - Rat, Mice, Rodent Exam Questions

## REASON FOR TODAY'S VISIT

**If for illness or injury, please include date first noticed, changes observed during the problem, methods of treatment used (if any), and any other important, pertinent details.**

### Has your pet been (having):

Polyphagia (Eating more)

Anorexia (Eating less)

Coprophagy (Eating droppings)

Polydipsia (Drinking more)

Drinking less

Increased salivation

Dropping food from mouth

Odor noticed from mouth

Abnormal bowel movements

\_\_\_\_ Soft \_\_\_\_ Hard \_\_\_\_ Small \_\_\_\_ Large \_\_\_\_ Liquid \_\_\_\_ None

Change in color or appearance of feces

Change in odor of feces

Weak ^

Polyuria (Having larger urine puddles)

Uncoordinated ^

Change in urine color

Abnormal posture ^

Straining (to urinate or defecate)

Known external wounds, bleeding ^

Sneezing

Active/playing ^

Nasal discharge

Chewing less ^

Wheezing

Chewing more ^

Labored breathing

Aggressive behavior ^

Sleepy

Hiding more ^

Gender: Male Female

Neutered or spayed? \_\_\_\_\_ If yes, when? \_\_\_\_\_ At what age? \_\_\_\_\_

How old is your pig? \_\_\_\_\_ Length of time in household \_\_\_\_\_

Where did you obtain your pet from?

Pet Store (which one?) \_\_\_\_\_ Breeder Private party Rescue group Found Gift Other

How many rats/mice (or other same species) are in the household? \_\_\_\_\_

How many are in the same enclosure? \_\_\_\_\_ Do they get along? \_\_\_\_\_

Other pets? \_\_\_\_\_

Children in the household? \_\_\_\_\_

Females only: How many litters? \_\_\_\_\_ When was last litter? \_\_\_\_\_

**HOUSING**

Does pet rodent have access to Entire house Yard Fenced area Exercise wheel

Other special quarters (such as aquarium)? \_\_\_\_\_

How often do you clean cage? \_\_\_\_\_

Size: \_\_\_\_\_ x \_\_\_\_\_ x \_\_\_\_\_

Temperature in enclosure: Day? \_\_\_\_\_ Night? \_\_\_\_\_

Duration of Light: \_\_\_\_\_ hrs Dark: \_\_\_\_\_ hrs

Hours in direct sunlight? \_\_\_\_\_

Lights turned on/off by family? \_\_\_\_\_

Other special quarters? \_\_\_\_\_

**DIET / FEEDING**

Pet rodent's diet: Seeds \_\_\_\_\_% Pelleted diet \_\_\_\_\_% Brand? \_\_\_\_\_

Hay \_\_\_\_\_% Fresh produce \_\_\_\_\_% Types? \_\_\_\_\_

How Often? \_\_\_\_\_

Table foods \_\_\_\_\_% Types? \_\_\_\_\_

How Often? \_\_\_\_\_

**HISTORY:**

**Please list briefly any previous health problems, including when they were noticed and when and how they were resolved:**

**Adverse reactions to medications?**

**Date of last medical examination Results:**

**Date of last fecal parasite test Results: Neg^ Positive (what kind?)**