



EXOTIC COMPANION

SMALL MAMMAL REGISTRATION

Owner _____ Phone (____) _____
Children in household? _____ Other animals in household _____

Small Mammal Name _____ Tattoo/ other i/d _____

Species/Breed/Variant _____ Color _____

Sex: Male Female Unknown Age _____

Females ONLY: Date of last litter _____ How many litters? _____

HOUSING

Type of enclosure _____ Size _____

Substrate _____ How often cleaned? _____

Other housing (dust bath, litter box, outside quarters) _____

Ambient Temperature: _____

Light Cycle: Lights on _____ am Lights off _____ pm Timer? _____

DIET

Pellets _____

Hay _____

Greens _____

Insects _____

Other/Treats _____

Frequency _____

Supplements: Vitamin C Multivitamin Other Frequency _____

HISTORY

Last Bath _____

Current Medications _____

Vaccine History _____

Other Pertinent History _____

