



Glenwood Village Pet Hospital
555 East Glenwood-Lansing Road
Glenwood, Illinois 60425
Phone: (708)758-2400 Fax: (708)758-2950
www.gvph.com

SMALL MAMMAL FORM

Owner Information

Owner's Name: _____ Date: _____
Current Address: _____
City: _____ State: _____ Zip: _____
Current Phone Number:
Home: _____ Work: _____ Cell: _____
Email: _____

How did you hear about us?

- Yellow Pages
- Hospital Sign
- Website
- Referral (whom may we thank?) _____

Background Information

Patient's Name: _____ Species: _____ Sex: _____
Description (color, etc.) _____
Spayed or neutered: _____ Age: _____ Date of Birth: _____
Place of patient's origin and how long have you owned him/her? _____

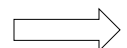
How often is the animal handled? (Daily, Occasionally, Never) _____
List dates of most recent vaccines: _____

Are there any new additions to the population? Y/N What species? _____
If yes, where was the new addition acquired? _____
Was the new addition(s) quarantined? Y/N How long? _____

Please list any current or ongoing medical problems: _____

Please list any prior medical problems, traumas, surgeries: _____

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Please list any current medications: _____

Please list any known reactions/allergies to medications, vaccines, or anesthesia:

Previous veterinarian or animal hospital: _____

Presenting problem: _____

Duration of problem: _____

Husbandry:

Where is the cage located? _____

Type and Size of caging? (Plastic, Metal, etc.) _____

Cage bedding/substrate: _____

How often is the cage cleaned? _____

What type of disinfectant is used to clean the cage? _____

Nutrition:

Current Diet: _____

Types of food offered:

1. Pellets Y/N If yes, what brand? _____ Amount fed/frequency _____

2. Vegetables Y/N If yes, what types? _____ Amount fed/frequency _____

3. Fruits Y/N If yes, what types? _____ Amount fed/frequency _____

4. Other: _____

Supplements/Vitamins: _____

Water source: _____ how often is the water changed? _____

To the best of my knowledge, the above information is correct. If clarification of medical history is needed, I authorize you to contact my referring veterinarian. I understand that payment is due at the time services are rendered. I agree to pay all charges at the time my pet is discharged.

Owner's signature _____ Date: _____