

# Mammal History Form

Client Name: \_\_\_\_\_

Pet Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_



Conejo Valley Veterinary Hospital

Where animals come first.

## GENERAL HISTORY

|   |  |                                      |   |
|---|--|--------------------------------------|---|
| Patient Name                                      |  |                                      |   |
| Age   |  | <input type="checkbox"/> Approximate | <input type="checkbox"/> Exact  |
| Sex   | <input type="checkbox"/> Male                            | <input type="checkbox"/> Female      | <input type="checkbox"/> Unknown <input type="checkbox"/> Spayed/Neutered |
| Where was your pet acquired from?                 | <input type="checkbox"/> Breeder                         |                                      | <input type="checkbox"/> Online Retailer                                  |
|   | <input type="checkbox"/> Pet Store                       |                                      | <input type="checkbox"/> Other _____                                      |
| How long have you had your pet?                   |  |                                      |   |
| Do you have other animals in your house?          | <input type="checkbox"/> Yes <input type="checkbox"/> No | Describe:                            |   |
| Does your pet come in contact with these animals? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Describe:                            |   |

## DIET

|   |  |           |         |
|---|--|-----------|---------|
| What foods are offered to your pet and how much? Please be as specific as possible. | Pelleted Diet:   | Brand:    | Amount: |
|   | Hay:   | Types:    | Amount: |
|   | Vegetables:  | Types:    | Amount: |
|   | Fruits:  | Types:    | Amount: |
|   | Commercial Treats:                                       | Types:    | Amount: |
|   | Nutritional Supplements:                                 | Types:    | Amount: |
|   | Other:   | Describe: | Amount: |
| How often do you feed your pet?   |  |           |         |
| Any changes in your pet's appetite or drinking behavior?                            | <input type="checkbox"/> No <input type="checkbox"/> Yes | Describe: |         |

## HOUSING

|  |  |                     |                             |
|--|--|---------------------|-----------------------------|
| What are the dimensions/approximate size of your pet's cage? |  |                     |                             |
| What material is your pet's cage made out of?                | Cage Sides: <input type="checkbox"/> Wire <input type="checkbox"/> Mesh <input type="checkbox"/> Glass <input type="checkbox"/> Other                                  |                     |                             |
|  | Cage Bottom: <input type="checkbox"/> Plastic <input type="checkbox"/> Wire <input type="checkbox"/> Mesh <input type="checkbox"/> Wood <input type="checkbox"/> Other |                     |                             |
| What kind of bedding do you use?                             |  |                     |                             |
| What décor/furnishings are present?                          |  |                     |                             |
| Is your pet litter trained?                                  | <input type="checkbox"/> Yes   |                     | <input type="checkbox"/> No |
| Do you provide bathing/dusting?                              | <input type="checkbox"/> Yes <input type="checkbox"/> No   | How Often?          |                             |
| How often do you clean the cage?                             |  |                     |                             |
| What products do you use to clean it?                        |  |                     |                             |
| What is your pet's day and night cycle?                      | Hours of Daytime:  | Hours of Nighttime: |                             |
| Do you have any...   | <input type="checkbox"/> Candles <input type="checkbox"/> Cigarettes <input type="checkbox"/> Non-Stick Cookware   |                     |                             |

|                                  |   |  |
|----------------------------------|---|--|
|                                  | <input type="checkbox"/> Incense                            | <input type="checkbox"/> Other Sources of Smoke: _____ |
| Do you use aerosolized products? | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | Describe:  |

### MEDICAL HISTORY

|   |  |                                 |
|---|--|---------------------------------|
| Has your pet been seen by another Veterinarian?                           | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Unsure | Location, Date, and Reason:     |
| Any reproductive history?   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Unsure | Describe:                       |
| Is your pet on any medications?   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                                    | Describe:                       |
| Has your pet been vaccinated?   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Unsure | Vaccine and Date Last Received: |
| Any other pets or persons in the house with illness in the past 3 months? | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                                    | Describe:                       |

### REASON FOR TODAY'S VISIT

|   |  |  |                                |
|---|--|--|--------------------------------|
| What is your reason for visit?  | <input type="checkbox"/> Wellness / Healthy pet  | <input type="checkbox"/> Sickness / Injury | <input type="checkbox"/> Other |
| If your pet is sick, what is the primary complaint today, or what signs have you noticed? |  |  |                                |
| How long have these problems been present?  |  |  |                                |
| Have there been any changes in your pet's environment in the last 3 months?               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Unsure | Describe:                                  |                                |

**Off Label Drugs**

Common veterinary practice, and the medicine practiced here at Conejo Valley Veterinary Hospital, often involves the use of an approved drug in a manner that is not in accordance with the approved labeling, yet meets the conditions set by the Animal Medicinal Drug Use Clarification Act, as well as regulations set by the U.S. Food and Drug Administration (FDA). Examples of deviations from FDA-approved labeling include use in another species (which is the most common reason for off-label use in zoological companion animal species), use for a different indication, use at a different dose or frequency, and use of the drug via a different route of administration. By signing below, you are confirming that you understand the above description and are allowing the use of off label drugs for your pet if deemed necessary, and within the reasonable judgement of your veterinarian.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Permission to Use Pictures and Names**

I hereby give Conejo Valley Veterinary Hospital the irrevocable rights to use my pet's picture(s) and name, on the website and social media for education, display, public relations, and marketing. I hereby acknowledge receipt of adequate consideration and waive the right to charge for use of the picture(s) and names of my pet. I understand that these images may be modified to be used as design elements.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Withdrawal Period of Medications For My Animal (Species Specific)**

I understand that any medications given to my animal, whether one time administration, short-term, or long-term course, have a minimum period of time before all of the administered drug is eliminated from the body. I am agreeing to not consume the meat or eggs of the animal that has been/is being medicated for the minimum amount of time advised by my veterinarian, which will be dependent on the medication administered or prescribed. I am agreeing that any animal that is prescribed off-label medications will not be used for meat, milk, or egg production purposes. I am agreeing that any meat, dairy, or egg products produced by animals prescribed off-label medications will not be sold to consumers under any circumstances.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_