

# EXOTIC PET OWNER/CLIENT QUESTIONNAIRES

The questionnaires in this document are used routinely by the Exotic Service in the Tufts Foster Hospital for Small Animals. They were developed by Dr. Joerg Mayer.

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# Amphibian Questionnaire

## HISTORY

### General information:

System size: gal (l)

Dimensions of Pond/Aquarium: height x length x depth

Species affected:

Species in system:

No. Amphibian in system:

No. Amphibian and % affected: / (%)

Average Amphibian size: in (cm)/oz (g)

Age( s) of affected Amphibian:

When morbidity started:

When morbidity ended:

When mortality started:

When mortality ended:

Did you consult with another veterinarian already? Y/N

If yes, please give contact information:

**System:**

How long has system been set up?

Temperature:

Please comment on your system:

Filter system:

Heating:

Lighting:

Water quality test kit:

Routine treatments:

Any new introductions? Y / N

If yes, when and what?

Do you have a quarantine protocol implemented?

Y/N

If yes please explain:

**Plants:**

What kind of plants do you have ?

Any new introductions? Y/N

Do you have a quarantine protocol implemented?

Y/N

If yes please explain:

**Invertebrates:**

Do you have any invertebrates? Y/N

If yes, please name the species:

**Food:**

What kind of food do you feed?

How often do you feed?

How do you store the food?

**Water:**

Water source:

Pipes: metal – plastic

Water appearance (cloudy, colored?):

History of routine maintenance, including water changes and water quality checks:

**Amphibian:**

Behavioral changes? Y /N      Describe:

Respiratory rates: (normal- faster- slower -)

Appearance of Amphibian:

Appetite (normal - less - more -):

Other clinical signs:

# Lizard Questionnaire

## Lizard details

Species

Age/Date of birth

Sex: Male/Female

Site/address where Lizard is kept (if different)

Date acquired

Source: pet shop/friend/breeder (delete as appropriate) or other

Do you keep other Lizards? Y/N If yes please give details:

Name	Breed	Date acquired	Source	Any illnesses?

## Details of other pets

Do you keep other pets? Y/N If yes please give details :

Species	Date acquired	Source	State of health

Does your Lizard have access to the whole house? Y/N

If confined to one room please give details:

What is the temperature?

Centrally heated? Y/N

Is it thermopane? Y/N

Has the Lizard damaged any household items?

Y/N

If Yes, please give details:

Item	How damaged	When (date)

Is your Lizard kept in a cage indoors? Y/N

If yes please give approximate dimensions:

height: \_\_\_\_\_ depth: \_\_\_\_\_ width: \_\_\_\_\_

Describe the bedding in the cage:

Is your Lizard allowed access to the garden?

Y/N

Is this supervised?

Y/N

### Food

Describe the Lizard's diet:

Please list all the items he/she is known to eat and the quantities of these items if possible:

Where do you buy your Lizard's food?

- a) Pet shop;
- b) Supermarket
- c) Pet superstore
- d) other (please describe

Have you changed the diet recently? Y/N

If yes, please state when and give a description of the previous diet:

Do you give:                      If so, please name and state the way you give them:

vitamins	Y/N	medicines	Y/N
minerals	Y/N	probiotics?	Y/N

Any previous problems?                      Y/N

Please state with dates:

## **The present problem**

Please describe your Lizard 's clinical signs (symptoms)

Any nasal or ocular discharge? Y/N

Are the droppings normal in appearance and size?                      Y/N

When did you first notice any difference in the number and size of the droppings?

Any odd positioning or loss of use of any limbs?

Y/N

If yes, please describe

Additional comments:

# Iguana Questionnaire

## Iguana details

Name of Lizard

Species

Age/Date of birth

Sex: Male/Female

Site/address where Iguana is kept (if different)

Date acquired

Source: pet shop/friend/breeder (circle as appropriate) or other

Do you keep other Lizards? Y/N If yes please give details:

Name	Breed	Date acquired	Source	Any illnesses?

## Details of other pets

Do you keep other pets? Y/N If yes please give details

Species	Date acquired	Source	State of health

Does your Iguana have access to the whole house? Y/N

If confined to one room please give details:

What is the temperature?

Centrally heated? Y/N

Are windows double-insulated? Y/N

Is it air-conditioned? Y/N

Has the Iguana damaged any household items?

Y/N

If Yes, please give details:

Item	How damaged	When (date)

Is your Iguana kept in a cage indoors?

Y/N

If yes please give approximate dimensions:

height: \_\_\_\_\_ depth: \_\_\_\_\_ width: \_\_\_\_\_

Describe the bedding and litter in the cage:

What kind of light source do you use?

Do you have a full spectrum light bulb (inc. UV-B)?

When did you last change the light bulb?

Is your Iguana allowed access to the garden? Y/N

Is this supervised? Y/N

### Food

Describe the Iguana's diet, please list all the items he/she is known to eat and the quantities of these items if possible:

Where do you buy your Iguana's food?

- a) Pet shop;
- b) Supermarket
- c) other (please describe)

Have you changed the diet recently? Y/N

If yes, please state when and give a description of the previous diet:

Do you give: If so, please name and state the way you give them:

vitamins Y/N

medicines Y/N

minerals Y/N

probiotics? Y/N

Any previous problems? Y/N

Please state with dates:

## The present problem

Please describe your Iguana's clinical signs (symptoms)

Any nasal or ocular discharge? Y/N

Are the droppings normal in appearance and size? Y/N

When did you first notice any difference in the number and size of the droppings?

Any odd positioning or loss of use of any limbs? Y/N

If yes, please describe

Additional comments:

(please write everything down, which is of concern to you and has not been addressed by the questions above)

# Tortoise Questionnaire

## Tortoise details

Name of Tortoise:

Species:

Age/Date of birth:

Sex: Male/Female

Date acquired:

Source: pet shop/friend/breeder (circle as appropriate) or other

Do you keep other Tortoises? Y/N

If yes please give details :

Name	Breed	Date acquired	Source	Any illnesses?

## Details of other pets

Do you keep other pets?

Y/N

If yes please give details

Species	Date acquired	Source	State of health

Does your Tortoise have access to the whole house?

Y/N

If confined to one room please give details:

What is the temperature (day/night)?

Centrally heated? Y/N                      Windows are thermopane?                      Y/N

Air conditioned?    Y/N

Is your Tortoise kept in a cage indoors?                      Y/N

If yes please give approximate dimensions:

height: \_\_\_\_\_ depth: \_\_\_\_\_ width: \_\_\_\_\_

What material is the cage made out of? :

Describe the bedding in the cage:

How often do you change it?:

What disinfectants are used in the cage and how often?

Is your Tortoise allowed access to the garden?                      Y/N

Is this supervised?                      Y/N

**Hibernation:**

Do you hibernate your tortoise?    Y/N

If Yes, please describe the hibernation procedure:

## Food

Describe the Tortoise's diet:

Please list all the items he/she is known to eat and the quantities of these items if possible:

Where do you buy your Tortoise's food?

- a) Pet shop;
- b) Supermarket;
- c) gather it or grow it yourself;
- d) other (please describe)

Do you use commercial food? Y/N

If so, please name it :

Have you changed the diet recently? Y/N

If yes, please state when and give a description of the previous diet:

Do you give:                      If so, please name and state the way you give them:  
(e.g. in water, sprinkle over food)

vitamins      Y/N

medicines      Y/N

minerals      Y/N

probiotics?      Y/N

Any previous problems?      Y/N

Please state with dates:

## The present problem

Please describe your Tortoise's clinical signs (symptoms)

Any nasal or ocular discharge? Y/N

Are the droppings normal in appearance and size? Y/N

When did you first notice any difference in the number and size of the droppings?

Any odd positioning or loss of use of any limbs? Y/N

If yes, please describe

Additional comments:

# Avian Questionnaire

## Bird details

Name of Bird:

Species:

Age/Date of birth:

Sex: Male/Female

Site/address where Bird is kept (if different)

Date acquired

Source: pet shop/friend/breeder (circle appropriate) or other:

Do you keep other Birds?      Y/N      If yes please give details :

Name	Date acquired	Source	Any illnesses?

What exposure does the bird have to other birds?

## Details of other pets

Do you keep other pets?      Y/N      If yes please give details :

Species	Date acquired	Source	State of health

Are other pets ill?

Are family members ill?

**Husbandry information on the Bird**

Does your Bird have access to the whole house? Y/N

How old is the house approximately:

If confined to one room please give details:

What is the temperature (day/night)?

Centrally heated? Y/N      Are windows double-insulated? Y/N

Air conditioned? Y/N

Has the Bird damaged any household items? Y/N

If Yes, please give details:

Item	How damaged	When (date)

Is your Bird kept in a cage? Y/N

If yes please give approximate dimensions:

height: \_\_\_\_\_ depth: \_\_\_\_\_ width: \_\_\_\_\_

What material is the cage made out of?:

Describe the bedding in the cage:

How often do you change it?:

What disinfectants are used in the cage and how often?

Is the bird exposed to fresh air and sunlight every day? Y/N

Is the photoperiod natural and regulated, or random and irregular? Reg./Ran.

Are there smokers in the house? Y/N

Is your Bird allowed outside? Y/N

Is this supervised? Y/N

What potential aerosols is the bird exposed to (household chemicals, disinfectants, hair sprays)?

Have any changes recently occurred in the home (new enclosure, different diet, painted house, changed carpet, moved to a new location, new pet or strange people in the house, moved bird to a new location in the house)?



**Water**

How much water does your Bird drink each day?

Has the drinking increased or decreased?

If increased when did you notice this?

**General information**

When did your Bird:

breed? .....

nest? .....

mate ?.....

Any previous problems?            Y/N

Please state with dates:

**The present problem**

Please describe your Bird's clinical signs (symptoms)

Any nasal or ocular discharge?            Y/N

Any coughing or sneezing? Y/N

Any excessive drinking? Y/N

Are the droppings normal in appearance and size? Y/N

If no : When did you first notice any difference in the number and size of the droppings?

If so, please give date of change

Is the skin normal? Y/N

Is there excessive scratching? Y/N

Any odd positioning or loss of use of any limbs? Y/N

If yes, please describe

Any abnormal vocalization? Y/N

Additional comments:

# Rabbit Questionnaire

## Owner details

Owner's name

Date

Address

Telephone numbers (home)

(work)

## Rabbit details

Name of rabbit

Breed

Color

Age/Date of birth

Sex: Male/Female

Neutered? Y/N

Site/address where rabbit is kept (if different)

Date acquired

Source: pet shop/friend/breeder (circle as appropriate) or other

Do you keep other rabbits? Y/N

If yes please give details :

Name	Breed	Date acquired	Source	Any illnesses?

### Details of other pets

Do you keep other pets? Y/N If yes please give details :

Species	Date acquired	Source	State of health

### Indoor ('House') rabbits

Does your rabbit have access to the whole house? Y/N

If confined to one room please give details:

What is the temperature?

Centrally heated? Y/N Windows are double insulated? Y/N

Room is air conditioned? Y/N

Has the rabbit damaged any household items? Y/N

If Yes, please give details:

Item	How damaged	When (date)

Is your rabbit kept in a cage indoors? Y/N

If yes please give approximate dimensions:

height: \_\_\_\_\_ depth: \_\_\_\_\_ width: \_\_\_\_\_

Describe the bedding in the cage:

Are there smokers in the house? Y/N

Is your rabbit allowed access to the garden/outdoors? Y/N

*If yes, please complete the section on Outdoor rabbits*

Is this supervised? Y/N

Where does your rabbit urinate and defaecate?

Do you use litter? Y/N

If yes, please describe (what kind, etc):

### **Outdoor rabbits**

Where is the hutch situated?

Does it face north/south/east/west?

Are there overhanging trees? Y/N

Is there shelter from vermin or predators? Y/N

Have you ever seen rats, mice, foxes, cats or birds of prey in your garden?

Y /N

Please describe the vegetation in the garden :

What is the litter on the floor of the hutch?

**All rabbits**

Bedding Do you use straw/hay/both?

What is the type (species) of straw or hay?

**Food**

Describe the rabbit's diet:

Please list all the items he/she is known to eat and the quantities of these items if possible:

Where do you buy your rabbit's food?

- a) Pet shop;
- b) Supermarket;
- c) gather it or grow it yourself;
- d) other (please describe)

Do you use processed food? Y/N

If so, please name it :

Do you buy it packed or loose?

Have you changed the diet recently? Y/N

If yes, please state when and give a description of the previous diet:



Please state with dates:

**The present problem**

Please describe your rabbit's clinical signs (symptoms)

Is the nose twitching normally? Y/N

Any nasal or ocular discharge? Y/N

Any excessive drinking? Y/N

Do you notice coprophagy (rabbit eats droppings)? Y/N

Are the droppings normal in appearance and size? Y/N

When did you first notice any difference in the number and size of the droppings?

Does your rabbit spray urine? Y/N

What color is the urine?

Has this increased/decreased lately?

If so, please give date of change

Does your rabbit thump? Y/N

Has this increased/decreased lately?

If so, please give date of change

Is the skin/fur normal? Y/N

Is there excessive scratching? Y/N

Any odd positioning or loss of use of any limbs? Y/N

If yes, please describe

Any abnormal vocalization? Y/N

Additional comments:



Does your Rodent have access to the whole house? Y/N

If confined to one room please give details:

What is the temperature?

Centrally heated? Y/N Is it double glazed Y/N

Has the Rodent damaged any household items? Y/N

If Yes, please give details:

Item	How damaged	When (date)

Is your Rodent kept in a cage indoors? Y/N

If yes please give approximate dimensions:

height: \_\_\_\_\_ depth: \_\_\_\_\_ width: \_\_\_\_\_

Describe the bedding and litter in the cage:

Are there smokers in the house? Y/N

## Food

Describe the Rodent's diet:

Please list all the items he/she is known to eat and the quantities of these items if possible:

Where do you buy your Rodent's food?

- a) Pet shop
- b) Supermarket
- c) gather it or grow it yourself
- d) other (please describe)

Do you use processed food? Y/N

If so, please name it :

Do you buy it packed or loose?

Have you changed the diet recently? Y/N

If yes, please state when and give a description of the previous diet:

Do you give: If so, please name and state the way you give them:

vitamins Y/N medicines Y/N

minerals Y/N probiotics? Y/N

## Water

How much water does your Rodent drink each day?

Has the drinking increased or decreased?

If increased when did you notice this?

### **Grooming**

How often do you groom your Rodent?

Do you use a brush, comb, a cloth or just your hand?

### **General information**

When did your Rodent:

breed? .....

nest? .....

mate ?.....

Does he/she dig or burrow?      Y/N

Any previous problems?              Y/N

Please state with dates:

### **The present problem**

Please describe your Rodent's clinical signs (symptoms)

Any nasal or ocular discharge? Y/N

Any excessive drinking? Y/N

Do you notice coprophagy (Rodent eats droppings)? Y/N

Are the droppings normal in appearance and size? Y/N

When did you first notice any difference in the number and size of the droppings?

Is the skin/fur normal? Y/N

Is there excessive scratching? Y/N

Any odd positioning or loss of use of any limbs? Y/N

If yes, please describe

Any abnormal vocalization? Y/N

Additional comments:

# Guinea Pig Questionnaire

## Guinea Pig details

Age/Date of birth

Sex: Male/Female

Neutered? Y/N

Site/address where Guinea Pig is kept (if different)

Date acquired:

Source: pet shop/friend/breeder (delete as appropriate) or other

Do you keep other Guinea pigs? Y/N

If yes please give details :

Name	Date acquired	Source	Any illnesses?

## Details of other pets

Do you keep other pets?

Y/N

If yes please give details :

Species	Date acquired	Source	State of health

Does your Guinea Pig have access to the whole house?

Y/N

If confined to one room please give details:

What is the temperature?

Centrally heated? Y/N                      Windows are double glazed                      Y/N

Is the room air-conditioned? Y/N

Has the Guinea Pig damaged any household items?                      Y/N

If Yes, please give details:

Item	How damaged	When (date)

Is your Guinea Pig kept in a cage indoors?                      Y/N

If yes please give approximate dimensions:

height: \_\_\_\_\_ depth: \_\_\_\_\_ width: \_\_\_\_\_

Describe the bedding and litter in the cage:

Are there smokers in the house?                      Y/N

Is your Guinea Pig allowed access to the garden?                      Y/N

Is this supervised?                      Y/N

Where does your Guinea Pig urinate and defaecate?

Do you use litter? Y/N

If yes, please describe(what kind, etc):

Does your Guinea Pig drink from a bowl or a sipper-bottle?

What is the litter on the floor of the cage?

What is the type (species) of straw or hay?

### **Food**

Describe the Guinea pig's diet:

Please list all the items he/she is known to eat and the quantities of these items if possible:

Where do you buy your Guinea pig's food?

- a) Pet shop;
- b) Supermarket;
- c) gather it or grow it yourself;
- d) other (please describe)

Have you changed the diet recently? Y/N

If yes, please state when and give a description of the previous diet:

Do you give: If so, please name and state the way you give them:

vitamins Y/N medicines Y/N

minerals Y/N probiotics? Y/N

## **Water**

How much water does your Guinea Pig drink each day?

Has the drinking increased or decreased?

If increased when did you notice this?

## **General information**

When did your Guinea pig:

breed?

have phantom pregnancy?

nest?

mate ?

Any previous problems?      Y/N

Please state with dates:

## **The present problem**

Please describe your Guinea pig clinical signs (symptoms)

Any nasal or ocular discharge?   Y/N

Any excessive drinking? Y/N

Do you notice coprophagy (Guinea Pig eats droppings)? Y/N

Are the droppings normal in appearance and size? Y/N

When did you first notice any difference in the number and size of the droppings?

Is the skin/fur normal? Y/N

Is there excessive scratching? Y/N

Any odd positioning or loss of use of any limbs? Y/N

If yes, please describe

Any abnormal vocalization? Y/N

Additional comments:

# Chinchilla Questionnaire

## Chinchilla details

Name of Chinchilla

Age/Date of birth

Sex: Male/Female

Neutered? Y/N

If yes when/what age?:

Site/address where Chinchilla is kept (if different)

Date acquired

Source: pet shop/friend/breeder (circle as appropriate) or other

Do you keep other Chinchillas? Y/N

If yes please give details :

Name	Date acquired	Source	Any illnesses?

Do you keep other pets?

Y/N

If yes please give details :

Species	Date acquired	Source	State of health

### Husbandry information on the Chinchilla

Does your Chinchilla have access to the whole house? Y/N

Is animal supervised when out of the cage? Y/N

If confined to one room please give details:

What is the temperature?

Summer:

Winter:

Centrally heated? Y/N

Windows are thermopane? Y/N

Has the Chinchilla damaged any household items? Y/N

If Yes, please give details:

Item	How damaged	When (date)

Is your Chinchilla kept in a cage? Y/N

If yes please give approximate dimensions:

height: \_\_\_\_\_ depth: \_\_\_\_\_ width: \_\_\_\_\_

Describe the bedding in the cage:

Do you provide a dust bath? Y/N

If yes, what kind of sand do you use? (source, etc)

Are there smokers in the house? Y/N

Is your Chinchilla allowed access to the garden or outside? Y/N

Is this supervised? Y/N

Where does your Chinchilla urinate and defaecate?

Does your Chinchilla drink from a bowl or a sipper-bottle?

## Food

Describe the Chinchilla's diet:

Please list all other items he/she is known to eat and the quantities of these items if possible:

Pelleted diet \_\_\_\_\_%: *Brand?*

Fresh produce \_\_\_\_\_%: *Types/How often?*

Timothy hay \_\_\_\_\_%

Alfalfa \_\_\_\_\_%

Other foods \_\_\_\_\_%: *Types?*

Where do you buy your Chinchilla's food?

- |                 |                                   |
|-----------------|-----------------------------------|
| a) Pet shop;    | c) gather it or grow it yourself; |
| b) Supermarket; | d) other (please describe)        |

Have you changed the diet recently? Y/N

If yes, please state when and give a description of the previous diet:



Any nasal or ocular discharge? Y/N

Any excessive drinking? Y/N

Do you notice coprophagy (Chinchilla eats droppings)? Y/N

Are the droppings normal in appearance and size? Y/N

When did you first notice any difference in the number and size of the droppings?

If so, please give date of change

Is the skin/fur normal? Y/N

Is there excessive scratching? Y/N

Any odd positioning or loss of use of any limbs? Y/N

If yes, please describe

Any abnormal vocalization? Y/N

Who referred you to us? *Please circle one:*

Pet shop, Yellow Pages, Friend, Newspaper, Internet, Dr. \_\_\_\_\_

Additional comments:

# HAMSTER QUESTIONNAIRE

## Owner details

Owner's name

Date

Address

Telephone numbers (home)

(work)

## Hamster details

Name of Hamster

Age/Date of birth

Sex: Male/Female

Neutered? Y/N

Site/address where Hamster is kept (if different)

Date acquired

Source: pet shop/friend/breeder (delete as appropriate) or other

Do you keep other Hamsters? Y/N

If yes please give details :

Name	Date acquired	Source	Any illnesses?

**Details of other pets**

Do you keep other pets?            Y/N            I f yes please give details

Species	Date acquired	Source	State of health

Does your Hamster have access to the whole house?            Y/N

I f confined to one room please give details:

What is the temperature?

Centrally heated? Y/N            Windows are double glazed            Y/N

I s the room air-conditioned? Y/N

Has the Hamster damaged any household items?            Y/N

I f Yes, please give details:

I tem	How damaged	When (date)

I s your Hamster kept in a cage indoors?            Y/N

I f yes please give approximate dimensions:

height: \_\_\_\_\_ depth: \_\_\_\_\_ width: \_\_\_\_\_

Describe the bedding and litter in the cage:

Are there smokers in the house? Y/N

Is your Hamster allowed access to the garden? Y/N

Is this supervised? Y/N

Where does your Hamster urinate and defaecate?

Do you use litter? Y/N

If yes, please describe(what kind, etc):

Does your Hamster drink from a bowl or a sipper-bottle?

What is the litter on the floor of the cage?

### **All Hamsters**

Bedding Do you use straw/hay/both?

What is the type (species) of straw or hay?

### **Food**

Describe the Hamster's diet:

Please list all the items he/she is known to eat and the quantities of these items if possible:

Where do you buy your Hamster's food? a) Pet shop; b) Supermarket; c) Pet superstore; d) gather it or grow it yourself; e) other (please describe)

Do you use processed food? Y/N

If so, please name it :

Do you buy it packed or loose?

Have you changed the diet recently? Y/N

If yes, please state when and give a description of the previous diet:

Do you give: If so, please name and state the way you give them:

vitamins Y/N

medicines Y/N

minerals Y/N

probiotics? Y/N

## **Water**

How much water does your Hamster drink each day?

Has the drinking increased or decreased?

If increased when did you notice this?

## General information

When did your Hamster:

breed?  
nest?

have phantom pregnancy?  
mate ?

Any previous problems? Y/N

Please state with dates:

## The present problem

Please describe your Hamster's clinical signs (symptoms)

Any nasal or ocular discharge? Y/N

Any excessive drinking? Y/N

Do you notice coprophagy (Hamster eats droppings)? Y/N

Are the droppings normal in appearance and size? Y/N

When did you first notice any difference in the number and size of the droppings?

Is the skin/fur normal? Y/N

Is there excessive scratching? Y/N

Any odd positioning or loss of use of any limbs? Y/N

If yes, please describe

Any abnormal vocalization? Y/N

Additional comments:

# GERBIL QUESTIONNAIRE

## Owner details

Owner's name

Date

Address

Telephone numbers (home)

(work)

## Gerbil details

Name of Gerbil

Age/Date of birth

Sex: Male/Female

Neutered? Y/N

Site/address where Gerbil is kept (if different)

Date acquired

Source: pet shop/friend/breeder (delete as appropriate) or other

Do you keep other Gerbils? Y/N

If yes please give details :

Name	Date acquired	Source	Any illnesses?

**Details of other pets**

Do you keep other pets?            Y/N            I f yes please give details

Species	Date acquired	Source	State of health

Does your Gerbil have access to the whole house?            Y/N

I f confined to one room please give details:

What is the temperature?

Centrally heated? Y/N            I s it double glazed            Y/N

Has the Gerbil damaged any household items?            Y/N

I f Yes, please give details:

I tem	How damaged	When (date)

I s your Gerbil kept in a cage indoors? Y/N

I f yes please give approximate dimensions:

height: \_\_\_\_\_ depth: \_\_\_\_\_ width: \_\_\_\_\_

Describe the bedding and litter in the cage:

Are there smokers in the house? Y/N

Is your Gerbil allowed access to the garden? Y/N

Is this supervised? Y/N

Where does your Gerbil urinate and defaecate?

Do you use litter? Y/N

If yes, please describe(what kind, etc):

Does your Gerbil drink from a bowl or a sipper-bottle?

What is the litter on the floor of the cage?

### **All Gerbils**

Bedding Do you use straw/hay/both?

What is the type (species) of straw or hay?

### **Food**

Describe the Gerbil's diet:

Please list all the items he/she is known to eat and the quantities of these items if possible:

Where do you buy your Gerbil's food? a) Pet shop; b) Supermarket; c) Pet superstore; d) Greengrocer; e) gather it or grow it yourself; t) other (please describe)

Do you use processed food? Y/N

If so, please name it :

Do you buy it packed or loose?

Have you changed the diet recently? Y/N

If yes, please state when and give a description of the previous diet:

Do you give: If so, please name and state the way you give them:

vitamins Y/N

minerals Y/N

tonics Y/N

medicines Y/N

probiotics? Y/N

### **Water**

How much water does your Gerbil drink each day?

Has the drinking increased or decreased?

If increased when did you notice this?

**General information**

When did your Gerbil:

breed? .....

nest? .....

have phantom pregnancy? .....

mate ?.....

Does he/she dig or burrow?     Y/N

Any previous problems?         Y/N

Please state with dates:

**The present problem**

Please describe your Gerbil's clinical signs (symptoms)

Any nasal or ocular discharge?   Y/N

Any excessive drinking?             Y/N

Do you notice coprophagy (Gerbil eats droppings)?         Y/N

Are the droppings normal in appearance and size? Y/N

When did you first notice any difference in the number and size of the droppings?

Is the skin/fur normal? Y/N

Is there excessive scratching? Y/N

Any odd positioning or loss of use of any limbs? Y/N

If yes, please describe

Any abnormal vocalization? Y/N

Additional comments:

# RAT QUESTIONNAIRE

## Owner details

Owner's name

Date

Address

Telephone numbers (home)

(work)

## Rat details

Name of Rat

Breed

Color

Age/Date of birth

Sex: Male/Female

Neutered? Y/N

Site/address where Rat is kept (if different)

Date acquired

Source: pet shop/friend/breeder (delete as appropriate) or other

Do you keep other Rats? Y/N

If yes please give details :

Name	Breed	Date acquired	Source	Any illnesses?

### Details of other pets

Do you keep other pets?            Y/N            If yes please give details

Species	Date acquired	Source	State of health

### Indoor ('House') Rats

Does your Rat have access to the whole house?            Y/N

If confined to one room please give details:

What is the temperature?

Centrally heated? Y/N            Is it double glazed            Y/N

Has the Rat damaged any household items?            Y/N

If Yes, please give details:

Item	How damaged	When (date)

Is your Rat kept in a cage indoors?            Y/N

If yes please give approximate dimensions:

height: \_\_\_\_\_ depth: \_\_\_\_\_ width: \_\_\_\_\_

Describe the bedding and litter in the cage:

Are there smokers in the house? Y/N

Is your Rat allowed access to the garden? Y/N

Is this supervised? Y/N

Where does your Rat urinate and defaecate?

Do you use litter? Y/N

If yes, please describe(what kind, etc):

## **Food**

Describe the Rat's diet:

Please list all the items he/she is known to eat and the quantities of these items if possible:

Where do you buy your Rat's food? a) Pet shop; b) Supermarket; c) Pet superstore; d) Greengrocer; e) gather it or grow it yourself; t) other (please describe)

Do you use processed food? Y/N

If so, please name it :

Do you buy it packed or loose?

Have you changed the diet recently? Y/N

If yes, please state when and give a description of the previous diet:

Do you give:                    If so, please name and state the way you give them:

vitamins      Y/N

minerals      Y/N

tonics          Y/N

medicines      Y/N

probiotics? Y/N

### **Water**

How much water does your Rat drink each day?

Has the drinking increased or decreased?

If increased when did you notice this?

### **Grooming**

How often do you groom your Rat?

Do you use a brush, comb, a cloth or just your hand?

**General information**

When did your Rat:

breed? .....

nest? .....

have phantom pregnancy? .....

mate ?.....

Does he/she dig or burrow?    Y/N

Any previous problems?        Y/N

Please state with dates:

**The present problem**

Please describe your Rat's clinical signs (symptoms)

Any nasal or ocular discharge?   Y/N

Any excessive drinking?            Y/N

Do you notice coprophagy (Rat eats droppings)? Y/N

Are the droppings normal in appearance and size? Y/N

When did you first notice any difference in the number and size of the droppings?

Is the skin/fur normal? Y/N

Is there excessive scratching? Y/N

Any odd positioning or loss of use of any limbs? Y/N

If yes, please describe

Any abnormal vocalization? Y/N

Additional comments:

# Ferret Questionnaire

## Owner details

Owner's name

Date

Address

Telephone numbers (home)

(work)

## Ferret details

Name of ferret

Age/Date of birth

Sex: Male/Female

Neutered? Y/N

Site/address where ferret is kept (if different)

Date acquired

Source: pet shop/friend/breeder (delete as appropriate) or other

Do you keep other ferrets? Y/N If yes please give details :

Name	Date acquired	Source	Any illnesses?

**Details of other pets**

Do you keep other pets? Y/N If yes please give details :

Species	Date acquired	Source	State of health

Does your ferret have access to the whole house? Y/N

If confined to one room please give details:

What is the temperature?

Centrally heated? Y/N Windows are double-insulated Y/N

Has the ferret damaged any household items? Y/N

If Yes, please give details:

Item	How damaged	When (date)

Is your ferret kept in a cage indoors? Y/N

If yes please give approximate dimensions:

height: \_\_\_\_\_ depth: \_\_\_\_\_ width: \_\_\_\_\_

Describe the bedding in the cage :

Are there smokers in the house? Y/N

Is this supervised? Y/N

Where does your ferret urinate and defaecate?

Do you use litter? Y/N

If yes, please describe (what kind, etc):

Does your ferret drink from a bowl or a sipper-bottle?

## **Food**

Describe the ferret's diet:

Please list all the items he/she is known to eat and the quantities of these items if possible:

Where do you buy your ferret's food?

- a) Pet shop;
- b) Supermarket;
- c) gather it or grow it yourself;
- d) other (please describe)

Do you use processed food? Y/N

If so, please name it :

Have you changed the diet recently? Y/N

If yes, please state when and give a description of the previous diet:

Do you give: If so, please name and state the way you give them:

vitamins Y/N

minerals Y/N

medicines Y/N

### **Water**

How much water does your ferret drink each day?

Has the drinking increased or decreased?

If increased when did you notice this?

Any previous problems? Y/N

Please state with dates:

## The present problem

Please describe your ferret's clinical signs (symptoms)

Any excessive drinking? Y/N

Is the skin/fur normal? Y/N

Is there excessive scratching? Y/N

Any odd positioning or loss of use of any limbs? Y/N

If yes, please describe

Any abnormal vocalization? Y/N

Additional comments:

# Hedgehog Questionnaire

## Hedgehog details

Name of Hedgehog

Age/Date of birth

Sex: Male/Female

Neutered? Y/N

Date acquired

Source: pet shop/friend/breeder (delete as appropriate) or other

Do you keep other Hedgehogs? Y/N

If yes please give details :

Name	Date acquired	Source	Any illnesses?

## Details of other pets

Do you keep other pets?

Y/N

If yes please give details

Species	Date acquired	Source	State of health

Does your Hedgehog have access to the whole house? Y/N

If confined to one room please give details:

What is the temperature?

Centrally heated? Y/N Windows are double glazed Y/N

Is the room air-conditioned? Y/N

Has the Hedgehog damaged any household items? Y/N

If Yes, please give details:

Item	How damaged	When (date)

Is your Hedgehog kept in a cage indoors? Y/N

If yes please give approximate dimensions:

height: \_\_\_\_\_ depth: \_\_\_\_\_ width: \_\_\_\_\_

Describe the bedding and litter in the cage:

Are there smokers in the house? Y/N

Is your Hedgehog allowed access to the garden? Y/N

Is this supervised? Y/N

Where does your Hedgehog urinate and defaecate?

Do you use litter? Y/N

If yes, please describe (what kind, etc):

Does your Hedgehog drink from a bowl or a sipper-bottle?

What is the bedding on the floor of the cage?

### **Food**

Describe the Hedgehog's diet:

Please list all the items he/she is known to eat and the quantities of these items if possible:

Where do you buy your Hedgehog's food?

- |                |                                   |
|----------------|-----------------------------------|
| a) Pet shop;   | c) gather it or grow it yourself; |
| b) Supermarket | d) other (please describe)        |

Do you use processed food? Y/N

If so, please name it :

Have you changed the diet recently? Y/N



Any nasal or ocular discharge? Y/N

Any excessive drinking? Y/N

Do you notice coprophagy (Hedgehog eats droppings)? Y/N

Are the droppings normal in appearance and size? Y/N

When did you first notice any difference in the number and size of the droppings?

Is the skin/fur normal? Y/N

Is there excessive scratching? Y/N

Any odd positioning or loss of use of any limbs? Y/N

If yes, please describe

Any abnormal vocalization? Y/N

Additional comments: