The Best of Care for People and their Pets

#### **HOSPITAL REGISTRATION FORM FOR YOUR RAT/MOUSE**

To assist us in keeping your Rat/Mouse healthy, please complete this form and, if necessary, use the additional space on the back of the pages. Please answer as many of the questions as possible.

Owner's name Mr / Mrs / Ms / Miss			
Address			
	Post Code		
E-mail			
Home Number	Mobile Number		
Name of Rat/Mouse	E	3reed	Age
Sex M / F Dese	xed? Y / N	Colour	
Date of Purchase / How long have you had your Rat/Mouse?			
Source: Pet shop Friend	Breeder Other	(please specify)	
How did you hear about us?	Friend	Other Clinic	Internet
Other (please specify)			
		,,	
Do you keep other Rats/Mice?			
If so, please give details of their type, sex, date of acquisition and any problems they have			
had recently or if they are kept together.			
What other pets do you have?			
YOUR RAT'S/MOUSE'S ENVIRONMENT			
Is the Rat/Mouse confined in an enclosure or at times allowed to wander in the house? If allowed out, what does your Rat/Mouse have access to? e.g. cat litter.			
If allowed out, what does you	r ray nouse have ac	eess to. e.g. eat me	
How is the room/house heater	d e.g. centrally by ra	adiators, storage hea	aters, ducted warm
air?			
Describe any changes in hous	ehold since you acq	uired your Rat/Mous	e.
Describe any changes in household since you acquired your Rat/Mouse.			



Size and type of cage Please describe the cage and its dimensions, and draw a plan on the back of this page. Perhaps you have a photograph that we may have. How often do you check the cage? How (list disinfectants used) is the cage cleaned? How often? **Substrate** What is the cage substrate - material on the bottom of the cage (type and depth)? How often is the substrate changed? What do you use to clean/disinfect the substrate? **Hides** What is the cage furniture e.g. hide box, straw? Include these in the cage plan. How often are these cleaned and how? **Heat sources** Describe the heating (if any) of the enclosure.

#### Water

What is the water source and where is it in the enclosure?

How often is the water changed?

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#### YOUR RAT/MOUSE

How often do you check your Rat/Mouse?

How often is your Rat/Mouse handled?

# **REPRODUCTION** What is your Rat's/Mouse's breeding history? Does it display sexual activity? **FOOD** What diet do you feed? (Please list the Brand names used). Indicate the percentage of the diet that each item occupies. List any supplements, vitamins, minerals, tonics, medicines, probiotics etc (e.g Vitamin C). Are these given in food or in water? How long have you fed this diet? What was the previous diet? What is your Rat's/Mouse's favourite food? List any problem with faecal production (eg slimy/diarrhoea/constipated/normal).

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#### **MEDICAL HISTORY**

Who are the veterinary surgeons that have previously treated your Rat/Mouse?

List all past medical problems, including dates and medications. (Use the back of this page if insufficient space)

**Describe in detail the current problem** (ie why you are here today!). **How long** has it been present & is it getting **better/same/worse**?

(We recommend all rats over 2 have a yearly blood health screen & faecal examination)

How long has the problem being going on? Is it Getting better or worse?

Is there anything else that you think is important for us to know?

List any results of blood tests undertaken.

#### THANK YOU FOR FILLING OUT THIS DETAILED FORM!

Please note that payment is required at time of consultation We do not accept cheques

Payment Method (*Please circle*): CASH EFTPOS CREDIT CARD