

New Patient Form – Hedgehog

HISTORY

Name:

Species:

Age:

Sex:

Where did you get your pet?

When?

Has your pet been to a vet before?

Where?

Any prior medical concerns?

Do you have any medical records?

Is your pet on any medications?

HABITAT

What kind of habitat do they live in?

Where in the home is it located?

Size?

Is it multilevel?

Bedding?

How often is it cleaned?

With what?

Any hides/furniture?

Is there a wheel?

What is it made of?

What is the enclosure temperature?

How is it monitored?

What heat source is used?

DIET

Pellet type and brand?

Amount and frequency?

Veggies/fruits offered?

Types?

Amount and frequency?

Are insects / small prey offered?

Types?

Amount and frequency?

Other treats / foods?

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Types?
Amount and frequency?

What water source is offered?
How often is it cleaned?

Any supplements?
Type, amount, and frequency?
How is it provided?

GROOMING

Is your pet ever bathed?
How often?
With what?

ENRICHMENT

Does your pet spend time outside of their habitat?
How often and for how long?
Inside or outside?
Are they ever allowed to roam unsupervised?

Does your pet have access to toys?
What kind?
How often are they changed/cleaned?

Does your pet interact with any other animals? What kind?

Is your pet routinely handled and by who?