

**BETHEL
VETERINARY
HOSPITAL**

Rat Questionnaire

Name of pet: _____

Obtained from? (pet store, breeder, etc...)

DOB: _____ Age Obtained: _____ Male/Female: _____

Spayed/Neutered (yes/no) Indoor/Outdoor (yes/no)

Cage Type: (wire-bottom, plastic bottom, other): _____

Type of litter or shavings used in cage: _____

How often do you clean the cage? _____

Water container (bowl/ bottle): _____

Any other rats in the household? (yes/ no)

Are they in the same cage? (yes/ no)

Does your rat have toys? (yes/no)

If yes what type: _____

How much time does your rat spend outside the cage?

Diet:

What brand/type of food does your rat eat and how much?

Please list any other food/treats you feed your rat:

Has your rat been to a veterinarian before? (yes/ no) If so, what was your rat treated for?:

