



ALL Creatures Family Pet Hospital

Exotic Pet Questionnaire: SUGAR GLIDER

Client Name: _____ Date: _____

Patient Name: _____ Breed: _____

Gender (Circle one): Female Female/Spayed Male Male/Neutered

1. What is the reason for bringing your pet(s) to ALL Creatures Family Pet Hospital for examination? (Example: annual wellness, eye problem, losing weight, not eating, diarrhea...etc.) _____

Has your sugar glider previously been examined by a veterinarian at a different veterinary hospital? YES/NO (circle one)

If YES, please provide copies of medical records, if available.

2. How did you acquire your pet (i.e. from where or whom?) _____

3. When was your pet born or how long has it been “out of pouch?” _____

4. How long have you been providing care for your pet? _____

5. **What do you feed , how much and how often** do you feed your pet?
(Examples: cat food (brand), dog food (brand), Mazuri Sugar Glider food (brand), Prey Items (number, types & frequency...daily...etc.) _____

Any recent changes in your glider’s diet? _____

6. Any changes in your pet’s appetite? _____

If you have observed any of the following with your sugar glider, please circle:
DROOLING, DROPPING FOOD, SWELLING ON SIDE OF FACE,
SWELLING ON BOTTOM OF JAW, HEAD TILTING TO ONE SIDE,
WOBBLY GAIT FALLING OVER, BREATHING FASTER THAN NORMAL,



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HAIR LOSS, SWOLLEN ABDOMEN, VOMITING, DIARRHEA, BLOOD IN URINE OR FECES, STRAINING TO URINATE OR DEFECATE, SLEEPING MORE THAN USUAL, WEAKNESS/LETHARGY

7. Do you add vitamin or mineral supplements to your pet's diet? YES NO
(Circle one) If YES, **how often, how much and which brands do you use?**

*Please, **bring all supplements with you to your first appointment** for evaluation.

8. Do you house your pet indoors or outdoors or both? (Circle one)

9. What type of habitat do you provide for your sugar glider and what are the approximate dimensions? _____

10. Describe exercise activities and frequency of activities:

11. Has your pet's level of activity changed and, if so, how? Any lameness?

12. Do you allow your pet to roam freely throughout the house or in areas outside of its habitat? YES NO (Circle one) If YES, please elaborate:

13. What type of **substrate** do you place in the housing area? (Example: newspaper, towels, fleece bedding, hammocks, none...etc.)



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14. How frequently do you provide fresh **water** for your pet & how do you provide it? (Example; water bottle or bowl, mist habitat...etc.) _____

15. Any changes in your glider's water consumption? _____

16. Any changes in your glider's urine output or characteristics? (Example: different color, strong odor, bloody, increased or decreased...etc.) _____

17. What is the ambient temperature of your pet's habitat? _____ °F

18. How many sugar gliders do you house in the same **enclosure**? _____

19. How often does your pet **defecate**? _____

20. Any changes in the appearance, frequency, or odor of your pet's feces? If so, please describe the problem (Example: diarrhea, constipation...etc.) _____

And for how long? _____

21. Is your pet **currently receiving any prescription or over the counter medications**? **YES NO** (circle one) If yes, what medication(s) are you administering, at what dose and frequency and how long has your pet been receiving the medication(s)? _____

22. Have you in the past or are you currently using any flea control products on your glider? **YES/NO** (circle one) IF YES, which product(s), what dose did you administer, how often and when was last use? _____

24. What other types of animals live in the same **household** with your glider? _____

