

## East Hilliard Veterinary Services Hedgehog Background Sheet



Owner's Name: Pet's Name:		
Age: Gender: male / female	Neutered/spayed: yes / no	
Breed: Color	·/ Markings:	
Tattoo / Microchip #:	_ Where obtained:	
Length of ownership:	Animal's use: pet / breeder / show / education	
Size and type of caging:		Indoor / Outdoor
Type of bedding and litter:		
Free roaming? yes / no If yes, when	n and how long?	
Number of hedgehogs in household: Other pets:	·	
Water: dish / bottle		
Diet (list type):		
Other (please list):		
Supplements/Medications:		
Previous illnesses or conditions (incl	luding dental):	
Treatment and outcome:		
Travel history:		
Exercise / Toys:		