



**Dupont
Veterinary
Clinic**

Sugar Glider Background Sheet

At Coldwater

Today's Date: _____

Owner's Name: _____ Pet's Name: _____ Date of Birth: _____

Gender (circle one): Female / Male / Undetermined / Spayed / Neutered

Microchip number: _____ Colors & Other identifying marks: _____

Where obtained: _____ When obtained: _____

Pet's use (circle one): Pet / Breeding / Education Are nails routinely clipped? YES / NO

Size and type of caging: _____ Cage bottom substrate: _____

Cage location in house: _____

Cage contents: _____

Number of sugar gliders in enclosure: _____

Other pets in house: _____

Is your pet free to roam outside of his or her cage? YES / NO How often? _____

Water source (circle one): bowl / dish / sipper bottle

Diet: (kibble, fresh foods, treats, vitamins/minerals, etc. - list types and amounts)

Past medical history: (Current medications, reactions to medications, prior health problems, treatments, and outcome.)
