

BETHEL VETERINARY HOSPITAL

Chinchilla 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, hutch, other): _____

Litter box trained: (yes/no) Type of litter or shavings used in cage: _____

How often do you clean the cage? _____

Water container (bowl/ bottle): _____

Any other Chinchillas in the household?: (yes/ no) Are they in the same cage?: (yes/ no)

Does your Chinchilla have any toys?: (yes/ no) If yes what type _____

How much time does your Chinchilla spend outside the cage? _____

Diet:

What brand/type of pellets does your pet eat and how much?

What type of hay does your pet eat?

List what fruits and vegetables you feed your pet:

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

Has your pet been to a veterinarian before: (yes/ no)

If so, what was your Chinchilla treated for?:
