

BETHEL VETERINARY HOSPITAL

Guinea Pig 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 Guinea pigs in the household?: (yes/ no) Are they in the same cage?: (yes/ no)

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

How much time does your guinea pig spend outside the cage? _____

Diet:

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

What type of hay does your guinea pig eat?

List what fruits and vegetables you feed your guinea pig:

Please list any other food/treats you feed your guinea pig:

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

If so, what was your guinea pig treated for?:
