



Guinea Pig Questionnaire

*Please fill out as much of the information below as possible.
A full background is essential in helping us work toward the diagnosis of any problem.*

Appointment date _____ Owner's name _____ Email _____
Phone numbers _____

Pet Information

Pet's name _____ Breed _____ Age _____ Color _____
Sex _____ Spayed/neutered? _____ Place of acquisition _____ Age at acquisition _____
Problem(s) _____

Cage Information

Dimensions and type of cage _____

Is the floor solid or wire? _____

What bedding materials do you use? _____

Does your Guinea pig have free access around the house? _____

Does your Guinea pig have access to an outdoor run? _____

Any cage mates? _____

Any other pets in the household? _____

What type of product do you use to clean the cage? How often? _____

Does your Guinea pig have access to any electrical wiring or houseplants/garden plants? _____

Diet

What and how much does your Guinea pig eat (include types/brands of hay/ commercial foods) and types of vegetables _____

Where do you buy the food? _____

Does your Guinea pig leave any part of the diet you offer? _____

How often do you feed and/or replace uneaten food? _____

Do you give any supplements (e.g., vitamins/minerals), treats, or table food? How often? _____

Do you use a bowl or bottle for water? _____

How often is the water changed? _____

Health

Any previous illnesses? _____

How long has your Guinea pig been ill? _____

If female, could she be pregnant? _____

Any other Guinea pigs/pets affected or ill? _____

Any new Guinea pigs introduced in the past six months? _____

Any change of food or water (type or source)? _____

Any signs of weight loss? _____

Any decrease in activity level? _____

Any change in appetite? _____

Any change in water consumption? _____

Any increase in urine production or straining to urinate? _____

Any sneezing? _____

Any diarrhea? _____

Have you noticed any new lumps or bumps on your Guinea pig? _____

Any signs of hair loss or itchiness/skin irritation/dandruff? _____

Any difficulty breathing or discharge from the eyes or nose? _____

Have you treated your Guinea pig with any medications? If yes, what and from where? _____