



Chinchilla Annual Questionnaire

Owner's Name _____ Date _____

Address _____ Postal Code _____

Phone numbers (home) _____ (cell) _____
(work) _____

E-mail _____

Emerg. Contact(other than immediate family): _____ ph: _____

Pet's Name _____ Breed _____ Colour _____

Sex _____ Neutered Spayed Age or Birthday _____

1. How did you acquire your chinchilla? _____

2. What type of food do you feed and how much do you feed _____

Timothy hay _____ % of diet Alfalfa hay _____ % of diet Chinchilla Pellets _____ % of diet
 Treats _____ % of diet Fruits & Vegetables cup/day _____ Other _____

3. Does your chinchilla drink from a bottle or bowl? _____

4. How often does your chinchilla take a bath? _____

5. How much time does your chinchilla spend in its cage? _____

6. How often do you clean your chinchilla's cage? _____

7. What do you use for bedding? _____

8. Do you offer toys for your chinchilla to chew on? _____

9. Does your chinchilla have exercise opportunities? _____

10. Does your chinchilla go outside? How much time is spent outside? _____

11. Does your chinchilla have any contact with other pets/animals inside or outside of your home? _____

If yes, what type of animals? _____

12. Has your chinchilla been to a veterinarian before? _____

If yes, when/where? _____

13. Does your chinchilla chew on things that he/she should not chew on? _____

14. Has your chinchilla ever had his/her teeth trimmed? _____

If yes, when/where? _____

15. Has your chinchilla had any wet, clumped fecal matter? How often do you notice it? _____

16. Have you noticed any of the following;

Flakey skin Teeth grinding Lumps or bumps Runny eyes/nose Size in fecal balls Sneezing and/or coughing
 Changes in behaviour Changes in eating and/or drinking habits Changes in urine or fecal production Scratching

Do you have any other questions or concerns? _____