

Guinea Pig 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 guinea pig? _____

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

Timothy hay _____ % of diet Alfalfa hay _____ % of diet Timothy pellet cup/day _____

Alfalfa pellets cup/day _____ Fruits & Vegetables cup/day _____ Other _____

3. Does your guinea pig drink from a bottle or bowl? _____ How often is it cleaned? _____

4. Does your guinea pig receive a daily vitamin C supplement? _____

If yes, how is it given (i.e. chewable tablets added to water, etc): _____

5. Does your guinea pig use a litter box? YES NO

6. What do you use for litter? _____

7. How often do you clean your guinea pig's cage? _____

8. What do you use for bedding? _____

9. How much time does your guinea pig spend in its cage? _____

10. Do you groom your guinea pig? (i.e. trim nails, brush fur)? How often? _____

11. Does your guinea pig have any contact with other pets/animals inside or outside of your home? YES NO

12. Has your guinea pig been to a veterinarian before? YES NO

If yes, when/where? _____

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

14. Has your guinea pig ever had his/her teeth trimmed? YES NO

If yes, when/where? _____

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

16. Have you noticed any of the following;

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

Do you have any other questions or concerns? _____