



Hedgehog Health Questionnaire

Date _____

Owner's Name _____ Pronouns (optional) _____

Address _____ Postal Code _____

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

E-mail _____

Emergency Contact (other than immediate family) _____ Phone _____

Patient:

Pet's Name _____ Age or Birthday _____

Gender: ☐ Male ☐ Female ☐ Unknown ☐ Neutered ☐ Spayed

How long have you had your hedgehog? _____

From where did you acquire your hedgehog? _____

Do you have other pet(s) in the household? ☐ YES ☐ NO

If yes, list the number of pets and species: _____

Housing:

What do you use to house your hedgehog? _____

What are the dimensions of their enclosure? _____

What materials do you use for bedding, and litter? _____

How often do you clean their enclosure? _____

What cleaning agents are used? _____

How much time do they get to explore outside their area daily? _____

Do you provide a wheel for your hedgehog? ☐ YES, solid running surface ☐ YES, wire bottom ☐ NO

Do you monitor the cage temperature for your hedgehog? ☐ YES ☐ NO

Do you need to provide an additional heat source in the winter? ☐ YES ☐ NO

If yes, provide details: _____

What types of enrichment toys do you provide your hedgehog? _____

Diet:

Please list all food items your hedgehog consumes, as well as amount fed:

Dry Food (brand?) _____
Wet Food (brand?) _____
Insects/prey (type) _____
Treats/Other _____

Does your hedgehog drink from a: ☐ Bottle ☐ Bowl ☐ Fountain ☐ Other _____

What foraging opportunities do you provide for your hedgehog during mealtimes?

Health & Fitness:

Does your hedgehog allow you to perform any of the following grooming procedures: (check all that apply)

☐ Trim nails ☐ Brush teeth ☐ Clean ears ☐ Bath ☐ Other _____

Has your hedgehog had any previous health issues requiring medical, or surgical treatment? ☐ YES ☐ NO

If yes, please provide further details _____

Is your hedgehog currently on ANY supplement or medication (incl. glucosamine, vitamins, probiotics, etc)?

If yes, please indicate how often and amounts _____

Have you noticed any changes in food or water consumption?

☐ No change ☐ Increased drinking ☐ Decreased drinking
☐ Difficulty eating ☐ Dropping foods ☐ Drooling

Have you noticed any of the following changes to their urine or fecal production: (check all that apply)

☐ Increased urination ☐ Decreased urination
☐ Change in litterbox habits ☐ Diarrhea, or straining to eliminate

Have you noticed any of the following symptoms in your hedgehog: (check all that apply)

☐ Scratching ☐ Quill loss ☐ Lumps or bumps
☐ Runny eyes/nose ☐ Sneezing and/or coughing ☐ Weight loss
☐ Lameness or change in mobility ☐ Changes in behaviour ☐ Vomiting
☐ Weakness, glazed eyes ☐ Fainting, collapse or shortness of breath

Do you have any specific questions or concerns? _____