



EXOTIC COMPANION Chinchilla Registration

Primary Caregiver's Name: _____ Phone Number: _____

Chinchilla's Name: _____

Pet Details

Species/Breed/Variety: _____ I.D. Type: _____ I.D. No. _____ D.O.B: _____

Sex: M ___ F ___ Neutered or Spayed? _____ If yes, when? _____ Color: _____ Weight: _____

Length of Time in Household: _____ Females Only: How Many litters: _____ When was litter? _____

Odd Behaviors: _____

Housing

Does the Chinchilla have access to entire house? _____ yard? _____ Fenced Area? _____ Exercise Pen? _____

Type of enclosure? _____ Cage Size: _____ x _____ x _____

Substrate covering cage? _____

Diet/Feeding

Chinchilla's Diet: Pellet Diet _____ % Brand? _____

Fresh Produce _____ % Types/How Often? _____

Timothy Hay _____ % Alfalfa _____ % Other Foods? _____

History

Please list briefly any previous health problems, including when they were noticed and how they were resolved: _____

Adverse Reaction to Medications? _____

Date of last fecal parasite test? _____ Results? _____

Reason for today's visit? _____

