



EXOTIC COMPANION Guinea Pig Registration

Primary Caregiver's Name: _____ Phone Number: _____

Guinea Pig'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? _____ At What Age: _____ Color: _____

Weight: _____ Length of Time in Household: _____ Females Only: How Many Litters: _____

When was last litter: _____ Odd Behaviors: _____

Housing

Does the Guinea Pig have access to the entire house? _____ Yard? _____ Exercise Pen? _____

Guinea Pig lives primarily in: Hutch? _____ Size: _____ x _____ x _____ Bedding? _____

Other Special quarters? _____ Indoor Cage: _____ Size: _____ x _____ x _____

Temperature in enclosure: Day? _____ Night? _____ Litter Box Trained? _____ Leashed Trained? _____

Diet/Feeding

Guinea Pig's Diet: Alfalfa _____ % Pellets _____ % Brand: _____

Timothy Hay _____ % Fresh Produce _____ % What kind & how often: _____

Table Foods _____ % Types: _____

History

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

Adverse Reaction to Medications? _____

What is the appearance of the Guinea Pig's bowel movements? _____

Date of last fecal parasite test? _____ Results? _____

Reason for today's visit? _____
