

# EXOTIC COMPANION

## GUINEA PIG REGISTRATION

Primary caregiver's name \_\_\_\_\_ Home phone (\_\_\_\_) \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Business phone (\_\_\_\_) \_\_\_\_\_ Best time to call: Day \_\_\_\_\_ Eve \_\_\_\_\_

Occupation of caregiver \_\_\_\_\_

No. of adults in household \_\_\_\_\_ Ages of children \_\_\_\_\_ Other pets in household? \_\_\_\_\_

### Pet Details

Guinea pig's name: \_\_\_\_\_

Species/Breed/Variety \_\_\_\_\_ I.D. Type \_\_\_\_\_ I.D. No. \_\_\_\_\_

Sex: M \_\_\_\_\_ F \_\_\_\_\_ Neutered or spayed? \_\_\_\_\_ If yes, when? \_\_\_\_\_ At what age? \_\_\_\_\_

Weight \_\_\_\_\_ Date of birth \_\_\_\_\_ Color \_\_\_\_\_ Length of time in household \_\_\_\_\_

Idiosyncrasies \_\_\_\_\_

Females only: How many litters? \_\_\_\_\_ When was last litter? \_\_\_\_\_

### Housing

Does guinea pig have access to entire house? \_\_\_\_\_ Yard? \_\_\_\_\_ Fenced area? \_\_\_\_\_ Exercise pen? \_\_\_\_\_

Cage size: \_\_\_\_\_ x \_\_\_\_\_ x \_\_\_\_\_ Temperature in enclosure: Day? \_\_\_\_\_ Night? \_\_\_\_\_

### Diet/Feeding

How do you meet this cavy's 25-50 mg vitamin C needs each day? \_\_\_\_\_

Guinea pig's diet: Pelleted diet \_\_\_\_\_ %: Brand? \_\_\_\_\_

Fresh produce \_\_\_\_\_ %: Types/How often? \_\_\_\_\_

Hay \_\_\_\_\_ %

Other foods \_\_\_\_\_ %: Types? \_\_\_\_\_

### History

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

\_\_\_\_\_  
\_\_\_\_\_

Adverse reactions to medications? \_\_\_\_\_

Date of last fecal parasite test \_\_\_\_\_ Results: \_\_\_\_\_

### Reason for today's visit

If for illness or injury, please include date first noticed, changes observed during the problem, methods of treatment used (if any), and any other important, pertinent details.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that all fees for services are to be paid at the time of release (unless prepaid) and I plan to pay by:

Cash \_\_\_\_\_ Check \_\_\_\_\_ Credit card \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_

Who referred you to us? Please circle one: Pet shop \_\_\_\_\_ Yellow Pages \_\_\_\_\_ Friend \_\_\_\_\_ Newspaper \_\_\_\_\_ TV \_\_\_\_\_ Dr. \_\_\_\_\_

Veterinarian/Clinic