

YOUR DETAILS

Your Name					Pets Name			Date			
Where did you obtain your guinea pig from?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Other _____		
	Pet Store	Breeder	Rescue Group	Friend or Family	Private Sale	Stray	Other				
How long have you owned it?					Estimated age when obtained			Is your guinea pig desexed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
									Yes	Unknown	No

DIET

What do you feed your guinea pig										
Any Vitamin C supplements given?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	If given, how is it provided?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	other _____	
	Daily	Weekly	Never		directly as a tablet	as a liquid	with drinking water	other		

OTHER PETS, ENCLOSURE AND ACCESS TO HAZARDS

Other pets in household:					How many other guinea pigs in household						
What type of house does your guinea pig live in	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Does your guinea pig live	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	Free range	No enclosure	Entire Room	Hutch	Other		Indoors Only	Outdoors Only	Indoor & Outdoor		
Access to electrical cords:	<input type="radio"/>	<input type="radio"/>	Access to garlic or onion:	<input type="radio"/>	<input type="radio"/>	Access to lead paint:	<input type="radio"/>	<input type="radio"/>	Exposure to pesticides (including rodenticides):	<input type="radio"/>	<input type="radio"/>
	Yes	No		Yes	No		Yes	No		Yes	No
Access to wild rodents	<input type="radio"/>	<input type="radio"/>									
	Yes	No									

BEHAVIOUR & RECENT HISTORY

Activity and energy levels	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Appetite	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	Normal	Increased	Decreased	Unknown		Normal	Increased	Decreased	Unknown	
Ability to grasp food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Ability to chew and swallow food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	Normal	Increased	Decreased	Unknown		Normal	Increased	Decreased	Unknown	
Thirst	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Poo production	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	Normal	Increased	Decreased	Unknown		Normal	Increased	Decreased	Unknown	
Poo consistency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Urination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Other _____	
	Normal	Small & Dry	Soft & mucousy		Normal	Increased	Decreased	Other		
Changes in respiration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
	None	Sneezing	Coughing	Nasal Discharge	Difficulty Breathing					
Current medications (name & dosage)										
Previous Issues										
Current concerns										