

# Evergreen Avian & Exotic Animal Hospital

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## Guinea Pig Registration

### **Pet Information**

Pet's Name: \_\_\_\_\_ I.D./Microchip No. \_\_\_\_\_

Species: Cavia Breed/Variety: \_\_\_\_\_

Circle: *Male / Female*\* *Neutered / Spayed, if so when?* \_\_\_\_\_

Date of birth or approximate year of birth: \_\_\_\_\_ Color: \_\_\_\_\_

Acquired from: \_\_\_\_\_ Length of time in household: \_\_\_\_\_

Other pets in household: \_\_\_\_\_

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

### **Housing**

Does guinea pig have access to (circle): *entire house / yard / exercise pen / other*: \_\_\_\_\_

Cage Size: \_\_\_\_\_ x \_\_\_\_\_ x \_\_\_\_\_ Cage bottom (circle): *solid / mesh*

Cage substrate (circle): *paper / Carefresh / hay / other*: \_\_\_\_\_

Temperature in enclosure: Day? \_\_\_\_\_ Night? \_\_\_\_\_

Is rabbit litter box trained (circle)? *Y / N, type of litter used if yes* \_\_\_\_\_; *Leashed trained? Y / N*

### **Diet/Feeding**

Diet Brand: \_\_\_\_\_ cup(s); \_\_\_\_\_ tablespoons; frequency \_\_\_\_\_

Grass/hay Brand/Type: \_\_\_\_\_ handfuls/frequency or available all day (Y / N)

Fresh produce: \_\_\_\_\_ cup(s); \_\_\_\_\_ pieces; types/frequency \_\_\_\_\_

Treats/Supplements: \_\_\_\_\_ cup(s); \_\_\_\_\_ tablespoons; frequency \_\_\_\_\_

Seed mix brand: \_\_\_\_\_ cup(s); \_\_\_\_\_ tablespoons; frequency \_\_\_\_\_

Vitamin C supplement brand/type: \_\_\_\_\_ frequency \_\_\_\_\_

### **History**

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

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Adverse reactions to medications/Difficulty medicating? \_\_\_\_\_

Previous veterinarian/veterinary clinic: \_\_\_\_\_

Date of last veterinary visit: \_\_\_\_\_ Reason for visit: \_\_\_\_\_

Date of last fecal exam: \_\_\_\_\_