**HOSPITAL REGISTRATION FORM FOR YOUR GUINEA PIG**

To help us keep your guinea pig healthy, please complete this form and, if necessary, use the additional space on the back of the pages. Please answer as many of the questions as possible.

Owner's name................................................................................................................

Address.........................................................................................................................

............................................................... Postcode………Telephone no......................

Name of guinea pig…………........................................................................................  
  
How long have you had your guinea pig?....................................................................  
  
Age.......................Sex...................... Neutered? Y/N.

If neutered, at what age approx.?..... . ……………….Colour……………………………

Source (circle):   Pet shop          Friend               Breeder            Other (details below)  
  
………………………………………………………………………………………………..

Do you keep other guinea pigs?

If so, please give details of their type, sex, how long you have had them and any problems they may have had recently.

What other pets do you have?

**Your guinea pig’s environment**

Are they confined to an enclosure or a cage all of the time? Y/N

If they are given time out of their enclosure, where do they have access to and are they always supervised?

Is your guinea pig housed alone? If not, list all other animals in the enclosure & how long they have been together.

Describe any changes in the household since you have had your guinea pig.

**Size and type of enclosure**

Please describe the enclosure and its **dimensions**, and **draw a plan** on the back of this page. Describe the materials it is made from. Are there any solid walls? If you have a photograph of it, you can include this too.

Where is the enclosure? If it is inside, which room is it in? If outdoors what other structures are nearby?

How is the enclosure cleaned? How often? List products used.

**Cage furniture**

Please list what is in your guinea pig’s enclosure.

How often are the cage furnishings cleaned and how?

**Water**

How do you provide water and how often is it changed?

**More about your guinea pig**

How often do you check your guinea pig?

How often is your guinea pig handled?

Do they like being held? Any biting/nipping behaviour?

Has your guinea pig’s behaviour changed recently? How?

**Reproduction**

Does your guinea pig have a breeding history? Does it display sexual activity?

**Food**

What diet do you feed and how often? Include the brand if pellets or a mix.

(Try to provide an estimated percentage of the diet for each item)

List any supplements, vitamins, minerals, tonics, medicines, probiotics etc.

How long have you fed your guinea pig this diet?

What was the previous diet? (if applicable)

What is your guinea pig's favourite food?

Has there been any change in weight that you are aware of?

**Medical history**

Any previous health concerns?

Has your guinea pig had a Health Screen performed (blood examination)? If so, please detail.

List all past medical problems, including dates and medications.

*(attach printed history if referred from another clinic)*

Please provide **details about the current problem** with your guinea pig.

**How long** has the problem been going on? Is it getting **worse/better/same**?

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**THANK YOU FOR FILLING OUT THIS DETAILED FORM.**  
Payment is required on the day of consultation.