

Warranwood Veterinary Centre

The Best of Care for People and their Pets

HOSPITAL REGISTRATION FORM FOR YOUR GUINEA PIG

To assist us in keeping 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 Mr / Mrs / Ms / Miss

Address

..... Post Code

E-mail

Home Number Mobile Number

Name of Guinea Pig Breed Age

Sex M / F Desexed? Y / N Colour

Date of Purchase / How long have you had your guinea pig?

Source: Pet shop Friend Breeder Other (please specify)

How did you hear about us? Friend Other Clinic Internet

Other (please specify)

Do you keep other Guinea Pigs or Rabbits?

If so, please give details of their type, sex, date of acquisition and any problems they have had recently or if they are kept together.

What other pets do you have?

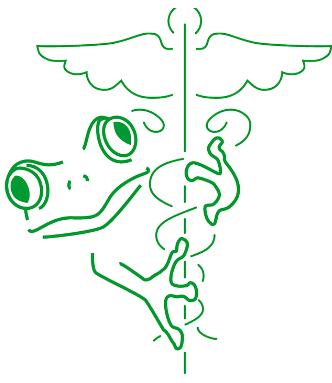
YOUR GUINEA PIG'S ENVIRONMENT

Is the Guinea Pig confined in a hutch or at times allowed to wander in the house? If allowed out, what does your Guinea Pig have access to? e.g. cat litter.

Describe any relevant changes in household since you acquired your Guinea Pig.

Size and type of cage

Please describe the cage and its dimensions, and draw a plan on the back of this page. Perhaps you have a photograph that we may have.



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How often do you check the cage?

How is the cage cleaned? How often?

Substrate

What is the cage substrate – material on the bottom of the cage (type and depth)?

How often is the substrate changed?

Hides

What is the cage furniture e.g. hide box, straw? Include these in the cage plan.

How often are these cleaned and how?

Water

What is the water source and where is it in the cage?

How often is the water changed?

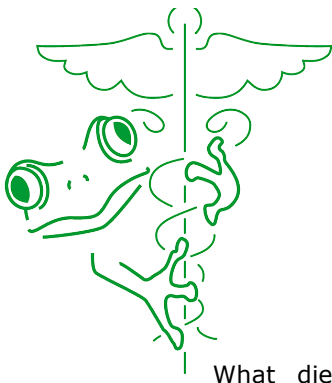
YOUR GUINEA PIG

How often do you check your Guinea Pig?

How often is your Guinea Pig handled?

REPRODUCTION

What is your Guinea Pig's breeding history?



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Does it display sexual activity? If so, describe.

FOOD

What diet do you feed? (***Please list the Brand names used***). Indicate the ***percentage*** of the diet that each item occupies. Please ***detail all items fed***

List any supplements, vitamins, minerals, tonics, medicines, probiotics etc (e.g Vitamin C). Are these given in food or in water?

How long have you fed this diet?

What was the previous diet?

What is your Guinea Pig's favourite food?

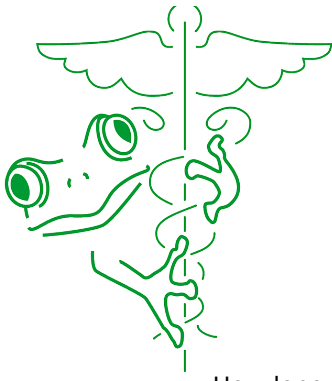
List any problem with faecal production (eg slimy/diarrhoea/constipated/normal):

MEDICAL HISTORY

Who are the veterinary surgeons that have previously treated your Guinea Pig?

List all past medical problems, including dates and medications. (Use the back of this page if insufficient space)

List any results of blood tests undertaken. (*We recommend all guinea pigs over 2 have a yearly blood health screen*)



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Describe in detail the current problem (ie why you are here today!)

How long has the problem been going on?

Is the problem getting better/worse/same?

Is there anything else that you think is important for us to know?

THANK YOU FOR FILLING OUT THIS DETAILED FORM!

***Please note that payment is required at time of consultation
We do not accept cheques***

Payment Method (***Please circle***):

CASH

EFTPOS

CREDIT CARD