



**East Hilliard Veterinary Services
Guinea Pig Background Sheet**

Owner's Name: _____ **Pet's Name:** _____

Age: _____ **Gender:** male / female **Neutered/spayed:** yes / no

Breed: _____ **Color / Markings:** _____

Tattoo / Microchip #: _____ **Where obtained:** _____

Length of ownership: _____ **Animal's use:** pet / breeder / show / education

Size and type of caging: _____ **Indoor / Outdoor**

Type of bedding and litter:

Free roaming? yes / no If yes, when and how long?

Number of Guinea Pigs in household: _____
Other pets: _____

Water: dish / bottle _____

Diet: Hay (list type): _____

Pellets (list type): _____

Vegetables /Fruit (list type): _____

Other (please list): _____

Supplements (mineral blocks, chew sticks, etc.):

Previous illnesses or conditions (including dental):

Treatment and outcome:

Travel history:

Exercise / Toys:

