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GUINEA PIG QUESTIONNAIRE



Please fill out as much of the information below as possible. A full background history is essential in helping us work towards the diagnosis of any problem.

Name _____

PROBLEM

ANIMAL

Pet Name _____

Age _____

Sex _____

Castrated/Spayed _____

Place of Acquisition _____

Age at Acquisition _____

ENCLOSURE

Is the floor solid or wire?_____

What bedding materials do you use?_____

Does your G.Pig have free access around the house?_____

Does your G.pig have access to an outdoor run?_____

Any Cage mates_____

Any Other Pets_____

What disinfectant do you use to clean the cage? How often?_____

Does your G.pig have access to any electrical wiring or houseplants/garden plants?_____

DIET

Diet/Proportions(include types of hay/vegetables and brands of commercial foods)_____

Does your G.pig leave any part of the diet you offer?_____

Frequency of feeding and replacement of old food_____

Supplements/Treats/Frequency e.g. vitamin C_____

Water Source - bowl or bottle?_____

How often is the water changed? _____

HEALTH

Any previous illnesses? _____

How long has your G.Pig been ill? _____

If female, could she be pregnant? _____

Any other G.pigs/pets affected/ill? _____

Any new G.pigs introduced within the last six months? _____

Any change of food or water (type or source) ? _____

Any signs of weight loss? _____

Any decrease in activity level? _____

Any change of appetite? _____

Any change in water consumption? _____

Any increase in urine production or straining to urinate? _____

Any blood in the urine? _____

Any sneezing? _____

Any Diarrhea? _____

Have you noticed any new lumps or bumps on your G.pig? _____

Any signs of hair loss or itchiness/skin irritation/dandruff? _____

Any difficulty breathing or discharge from the eyes or nose? _____

Have you treated your G.pig with any medications? If so, what and from where? _____