

## Chinchilla History/Husbandry Form

Client Name \_\_\_\_\_ Pet Name \_\_\_\_\_ Date \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_ Animal is a: Pet Breeder

### **Background:**

Length of time owned \_\_\_\_\_ Where did you acquire pet? \_\_\_\_\_

How often is pet handled? Daily Occasionally Never

### **Husbandry:**

Housed: Indoor Outdoor Does pet roam free in house? Yes No Occasionally

Type of caging: \_\_\_\_\_ Size of caging: \_\_\_\_\_ Cage location: \_\_\_\_\_

Cage Substrate (newspaper, care fresh, ect): \_\_\_\_\_ How often is cage cleaned? \_\_\_\_\_

Is a dust bath offered? Yes No How often? \_\_\_\_\_

What is used to clean cage? \_\_\_\_\_

Toys offered? Yes No Litter box offered? Yes No

Who is housed with pet? housed singly with a cage mate(s) If cage mate how many? \_\_\_\_\_

Do other pets interact with this pet? Yes No If yes, specify \_\_\_\_\_

Other pets in the house? Yes No If yes, specify type and amount: \_\_\_\_\_

Any new additions to the pet population? Yes No If yes, specify \_\_\_\_\_

Were new pets quarantined? Yes No Length of time? \_\_\_\_\_ How? \_\_\_\_\_

### **Nutrition:**

Is pet eating well? Yes No Is pet drinking well? Yes No

Type of food offered:

Hay? Yes No If yes, which brand \_\_\_\_\_ Amount fed/frequency \_\_\_\_\_

Pellets? Yes No If yes, which brand \_\_\_\_\_ Amount fed/frequency \_\_\_\_\_

Seed Mixture? Yes No If yes, which brand \_\_\_\_\_ Amount fed/frequency \_\_\_\_\_

Fresh Fruit/Vegetable? Yes No If yes, which type \_\_\_\_\_ Amount fed/frequency \_\_\_\_\_

Supplements/Vitamins? Yes No If yes, which brand \_\_\_\_\_ Amount fed/frequency \_\_\_\_\_

Water source? \_\_\_\_\_ How often is water changed? \_\_\_\_\_

### **Reason for visit:**

Which type of visit is this? Wellness Sick/behavior If sick/behavior issue please explain? \_\_\_\_\_

How long has pet had this issue? \_\_\_\_\_ Are other pets in house with the same issue? Yes No

Describe the pet's feces: \_\_\_\_\_

Is pet urinating normally? Yes No Is pet defecating normally? Yes No

Any recent travel? Yes No If yes when and where? \_\_\_\_\_

Any known medication reactions? Yes No If yes please explain: \_\_\_\_\_