



Exotic Companion

Chinchilla Registration Date: _____

Pet Details..... Chinchilla's Name: _____

Species/Breed/Variety _____

Sex: M _____ F _____ Neutered or Spayed? _____ If Yes, When? _____ At what age? _____

Weight _____ Date of birth _____ Color _____ Length of time in household _____

Housing.....

Does Chinchilla have access to entire house? _____ Yard? _____ Fenced area? _____ Exercise pen? _____

Other special quarters? _____

Cage size: _____ x _____ x _____ Share cage with other Chinchilla? Y N If yes: male or female

Temperature in enclosure: Day? _____ Night? _____ Type of Bedding: _____

Duration of light: _____ hrs Dark: _____ hrs Hours in direct sunlight? _____

Lights turned on/off by family? _____ Other household pets: _____

Diet/Feeding.....

Chinchilla's diet: Pelleted diet _____ %: Brand? _____

Fresh Produce _____ %: Types/how often? _____

Timothy Hay _____ %

Alfalfa _____ %

Other foods _____ %: Types? _____

Chinchilla drinks from a: Bottle? _____

Bowl? _____

History.....

Please list briefly any previous health problems, including when you noticed and when and how they were resolved: _____

Adverse reactions to medications? _____

Date of last fecal parasite test _____ Results: _____

Reason for today's visit.....

If for illness or injury, please include date first noticed, changes observed during the problem, methods of treatment used (if any), and any other important, pertinent details.
