



Guinea Pig Companion

Guinea Pig Name _____ Owner Name _____

Age: _____ Sex _____

How Acquired Humane Society Family/Friend Pet Store Other _____

How Long Owned? _____

Other Pets in Household? No Yes - Species _____

Children under 7 in household? No Yes - ages _____

Diet/Feeding (Check appropriate boxes below)

Pellets With Seeds? No Yes

Timothy Hay Based

Alfalfa Based

Unsure

Hay

Timothy

Alfalfa

Unsure

Vitamin C Supplement Daily No Yes

If Yes, Tablet

Other _____

Fresh Produce Daily No Yes

If Yes, what type? _____

Amounts/Frequency _____

Housing (Check appropriate boxes below)

Bedding

Pine Wood Shavings

Cedar Wood Shavings

Care Fresh

Aspen Wood Shavings

Other _____

Cage

Aquarium

Solid Floor

Plastic

Wire Floor

Wire

Cage Size _____

Exercised outside of cage? No Yes

If yes, duration and frequency _____

Other Guinea Pigs in Household? No Yes

If yes, gender/age _____

Housed Together? No Yes