

Physical Exam - Rabbit, Guinea Pig, Chinchilla

Date of Exam:

Patient Name:

Age:

Male or Female

Owner Name:

Best Contact Number:

History (Subjective):	
Presenting Complaint:	
Duration of symptoms:	
Sudden onset?	
Gradually getting worse? If yes, for how long?	
Any previous medical problems?	
Last veterinary visit:	
Any bloodwork done?	
Current medications (strength, dosage, and frequency):	
When were medications last given?	
For guinea pigs: Are you giving your pet Vitamin C?	
For how long have you had pet in household?	
Where did you get pet from?	
Husbandry - Diet:	
Hay type:	
Amount/Frequency:	
Source:	
Vegetable type(s):	
Amount/Frequency:	
Pellet type:	
Amount/Frequency:	
Water bowl or bottle:	
Husbandry - Habitat:	
(Please check one):	
<input type="checkbox"/> Indoors always	
<input type="checkbox"/> Indoors mainly with some trips outside (weather dependent)	
Outside frequency: __	
<input type="checkbox"/> Outdoors mainly with some trips inside (weather dependent)	
Inside frequency: __	
<input type="checkbox"/> Outdoors always	
Describe housing/shelter:	

Is pet supervised when/if they are outside or out of the cage?	
Housing:	
(Please select one):	
<input type="checkbox"/> Free roam of house	
<input type="checkbox"/> Has own room	
<input type="checkbox"/> Cage/Pen/Hutch	
Size: __	

Exercise time (frequency and area):	
Litter box trained?	
Litter type:	
Hay in box?	
Is pet bonded to another pet?	
Any other pets in home, what kind?	
Additional questions/concerns:	

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Cornerstone