

Today's Date: _____ Guinea pigs Name: _____

Pet Receiving Questionnaire Cavy Care Inc.

Please complete the questions as completely and honestly as you can. This information will help the next family who will be adopting this pet better understand the uniqueness of this animal. Thank you!

1. What are the things you liked best about this animal? Use the back of this form if you need more space to write: _____

2. What type of food are you feeding this animal at this time?

3. What type of bedding is your animal used to?

4. What type of Fruits or Veggies does your animal like best?

5. Has your animal ever been on a wire bottom cage?

6. Has your animal ever had a roommate?

7. Is your animal use to being handled by kids?

8. How does your animal normally react around people?

9. Has your animal ever been known to nibble or bite?

10. Has your animal ever been groomed or bathed?

11. Has your animal ever been breed?

12. Do you remember where you got your animal?

13. Has this animal ever seen a vet? No, If yes, please provide the name of the vet:

14. Has your animal ever had mites, lice or any other form of skin ailments? Please explain in detail, use the back of this form if you need more space:

15. Has your animal ever had any teeth problems: No If yes, was that taken care of? _____

16. Is your animal on any medications at this time?

17. Why are you surrendering your animal today? Use the back of this form if you need more space:

18. Is there anything you would like the new owner to know? If you need to write on the back of this form:

***Please complete as much of the information as possible, print it off and bring it in with your guinea pig.
Thank you.***