

## **New Patient Form – Chinchilla**

### **HISTORY**

**Name:**

**Species:**

**Age:**

**Sex:**

**Where did you get your pet?**

**When?**

**Has your pet been to a vet before?**

Where?

Any prior medical concerns?

Do you have any medical records?

Is your pet on any medications?

### **HABITAT**

**What kind of habitat do they live in?**

Where in the home is it located?

Size?

Is it multilevel?

Bedding?

How often is it cleaned?

With what?

Any hides/furniture?

Cooling stone?

**Is your pet litter box trained?**

What kind of litter?

How often is it cleaned?

### **GROOMING**

**Is your pet given dust baths?**

How often?

Brand of dust?

### **DIET**

**Hay type and brand?**

Amount and frequency?

**Pellet type and brand?**

Amount and frequency?

**Veggies/fruits offered?**

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Types?  
Amount and frequency?

**Treat type and brand?**  
Amount and frequency?

**What water source is offered?**  
How often is it cleaned?

**Any supplements?**  
Type, amount, and frequency?  
How is it provided?

### **ENRICHMENT**

**Does your pet spend time outside of their habitat?**  
How often and for how long?  
Inside or outside?  
Are they ever allowed to roam unsupervised?

**Does your pet have access to toys?**  
What kind?  
How often are they changed/cleaned?

**Does your pet interact with any other animals? What kind?**

**Is your pet routinely handled and by who?**