



Chinchilla Companion

Chinchilla Name _____ Owner Name _____
Age _____ Sex _____

How Acquired Humane Society Family/Friend Pet Store Other _____

How Long Owned? _____ Is this your 1st Chinchilla? No Yes

Other Chinchillas in Household? No Yes
If yes, gender/age _____
Housed Together? No Yes

Other Pets in Household? No Yes - Species _____

Children under 7 in household? No Yes - ages _____

Diet/Feeding (Check appropriate boxes below)

Pellets Fresh Produce - type/amount/frequency _____
 Alfalfa Timothy Hay
 Other _____

Water Crock Drinker Bottle Drinker

Housing (Check appropriate boxes below)

Bedding

Pine Wood Shavings Cedar Wood Shavings
 Care Fresh Aspen Wood Shavings
 Other _____

Cage

Wire Cage Solid Floor
 Plastic Cage Wire Floor

Cage Size _____

Dust Bath? No Yes - frequency _____

Accessories in cage? (IE: wheel) No Yes - types _____

Exercised outside of cage? No Yes

If yes, duration and frequency _____