

::Rodent Resort::
Pet Sitting Checklist: GUINEA PIGS

Owner Name: _____ Vacation Contact #: _____

Drop Off Date: _____ Pick Up Date: _____

Address: _____

Vet Name: _____ Vet Phone #: _____

Vet Address: _____

Guinea Pig Name: _____ Gender: _____

Appearance: _____ Age: _____

Does he/she like to be petted? (Y / N) Does he/she like to be carried? (Y / N)

Does he/she bite? (Y / N) Does he/she need floor time? (Y / N)

Does he/she need any medication/have a condition? (e.g. heart condition, scurvy) (Y / N)

If so, what is some information I'll need to know?:

Does your guinea pig require vitamin C supplements? (Y / N) (If so, make sure you supply it.)

Items you have supplied: _____

Anything Else about your guinea pig that we need to know: _____

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Feeding Schedule: GUINEA PIGS

This is what they eat in the morning: _____

This is what they eat in the afternoon: _____

This is what they eat around dinnertime: _____

This is what they eat between meals (And what time its given to them):

Do they eat guinea pig pellets that you've supplied? (Y / N)

Favourite Foods: _____

Disliked Foods: _____

Any more feeding information: _____
