

**BETHEL  
VETERINARY  
HOSPITAL**

*Hedgehog Questionnaire*

Name of pet: \_\_\_\_\_

Obtained from (pet store, breeder, etc...)  
\_\_\_\_\_

DOB: \_\_\_\_\_ Age Obtained: \_\_\_\_\_ Male/Female: \_\_\_\_\_

Spayed/Neutered (yes/no)      Indoor/Outdoor (yes/no)

Cage Type: (wire-bottom, plastic bottom, other): \_\_\_\_\_

Type of litter or shavings used in cage: \_\_\_\_\_

How often do you clean the cage? \_\_\_\_\_

Water container (bowl/ bottle): \_\_\_\_\_

Any other hedgehogs in the household?: (yes/ no)

Are they in the same cage?: (yes/ no)

Does your hedgehog have toys?: (yes/no)

If yes what type: \_\_\_\_\_

How much time does your hedgehog spend outside the cage?  
\_\_\_\_\_

**Diet:**

What brand/type of food does your hedgehog eat and how much?  
\_\_\_\_\_  
\_\_\_\_\_

Please list any other food/treats you feed your hedgehog:  
\_\_\_\_\_  
\_\_\_\_\_

Has your hedgehog been to a veterinarian before?: (yes/ no) If so, what was your hedgehog treated for?:  
\_\_\_\_\_