

**BETHEL
VETERINARY
HOSPITAL**

Sugar Glider 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 Sugar Gliders in the household?: (yes/ no) Are they in the same cage?: (yes/ no)

Does your Sugar Glider have toys?: (yes/no)

If yes what type: _____

How much time does your Sugar Glider spend outside the cage?

Diet:

What brand/type of food does your Sugar Glider eat and how much?

List what fruits and vegetables you feed your Sugar Glider:

Please list any other food/treats you feed your Sugar Glider:

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