



ROUS Foundation for Capybara Veterinary Medicine  
in conjunction with  
Texas A&M College of Veterinary Medicine

## Capybara Medical History

### **Introduction:**

The ROUS Foundation provides funds for certain veterinary expenses associated with the care of captive capybaras through services provided by Texas A&M University College of Veterinary Medicine.

The goal of the ROUS Foundation is to improve the quality and duration of life of captive capybaras including those kept as pets, in small zoos or in major zoological parks. A first objective of the Foundation is to learn the life expectancy of captive capybaras and to understand their care and medical needs.

### **Donations:**

Tax deductible donations can be made directly to TAMU at <http://vetmed.tamu.edu/giving/opportunities/rous>.

Donations can also be made at [www.CaplinRous.com](http://www.CaplinRous.com). Donations to this site are not tax-deductible and are used to create capybara related merchandise to sell to raise more money for the ROUS Foundation.

### **Directions:**

Please complete the attached medical history questionnaire as completely as possible. The information you provide here will be invaluable in saving and prolonging the lives of captive capybaras.



## Capybara Medical History

### Owner's Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

### Regular/Referring Veterinarian Info:

Referring/Regular Veterinarian/Practice: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Veterinarian's phone number: \_\_\_\_\_

Veterinarian's email: \_\_\_\_\_

### Capybara Background:

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

or approx age: \_\_\_\_\_

Sex: \_\_\_\_\_

Neutered/Spayed: \_\_\_\_\_

How long have you owned this capybara?  
\_\_\_\_\_

Indoor/Outdoor/both: \_\_\_\_\_

Name of Breeder: \_\_\_\_\_

Address of Breeder: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Previous owner (if not breeder):

\_\_\_\_\_

\_\_\_\_\_

Name or ID of capybara's parents:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

At what age was this capybara removed  
from its mother? \_\_\_\_\_

What form of milk/milk substitute was  
provided? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Medical History:

#### Presenting illness:

Date of onset: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Initial Symptoms: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

Symptom Progression: \_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Treatment: \_\_\_\_\_

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Diagnostic tests performed and results  
(Copies of veterinary records should be  
provided if possible):

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**Prior Health:**

(Discuss any previous illnesses, events or  
behaviors that may have influenced the  
animal's health.)

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**Environment:**

Percent of time this capybara spends:  
outside: \_\_\_\_\_

inside the home: \_\_\_\_\_

inside another structure: \_\_\_\_\_

Is heating/cooling provided? \_\_\_\_\_

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Has this changed over time and, if so, how?

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Access to water, include all sources (pools,  
ponds, tubs, troughs, stock tanks) and  
usage: \_\_\_\_\_

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**Other animals this capybara comes in  
contact with**  
answer O/S/N for Often/Sometimes/Never

**Rodents:**

Mice/ Rats: \_\_\_\_\_

Guinea Pigs: \_\_\_\_\_

Maras: \_\_\_\_\_

Others (list):

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**Non-Rodents:**

Dogs: \_\_\_\_\_

Cats: \_\_\_\_\_

Ferrets: \_\_\_\_\_

Chickens: \_\_\_\_\_

Goats: \_\_\_\_\_

Others (list):

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