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. 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: _______________________
________________________________________________________
Symptom Progression: _______________________
________________________________________________________
________________________________________________________
Treatment:

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

Prior Health:
(Discuss any previous illnesses, events or behaviors that may have influenced the animal’s health.)

Environment:
Percent of time this capybara spends:
outside: ____________________________
inside the home: __________________
inside another structure: ____________

Is heating/cooling provided? ____________

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

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

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

Rodents:
Mice/ Rats: ____  ____________________
Guinea Pigs: ____  ____________________
Maras: _____  ________________________
Others (list):

Non-Rodents:
Dogs: ____  __________________________
Cats: ____  __________________________
Ferrets: ____  _________________________
Chickens: ____  _______________________
Goats: _____  ________________________
Others (list):

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

Rodents:
Mice/ Rats: ____  ____________________
Guinea Pigs: ____  ____________________
Maras: _____  ________________________
Others (list):

Non-Rodents:
Dogs: ____  __________________________
Cats: ____  __________________________
Ferrets: ____  _________________________
Chickens: ____  _______________________
Goats: _____  ________________________
Others (list):

ROUS Foundation Capybara History 3
**Diet (Current and historical):**

Give current info first and follow with historical data if diet changed over time. Estimate percent of diet or volume of weight.

- Fresh grass or grazing: ____________________  
  ________________________________________  
  ________________________________________  
  ________________________________________  

- Hay (include type): ____________________  
  ________________________________________  
  ________________________________________  
  ________________________________________  

- Vegetables: ____________________________  
  ________________________________________  
  ________________________________________  
  ________________________________________  
  ________________________________________  

- Fruit: _________________________________  
  ________________________________________  
  ________________________________________  
  ________________________________________  
  ________________________________________  
  ________________________________________  

- Other: ________________________________  
  ________________________________________  
  ________________________________________  
  ________________________________________  
  ________________________________________  
  ________________________________________  
  ________________________________________  
  ________________________________________  

**Additional Information:**

____________________________________
____________________________________
____________________________________
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