



## RABBIT HISTORY FORM

Pet's Name: \_\_\_\_\_ Client: \_\_\_\_\_ Date: \_\_\_\_\_

Sex: **M – F - Unsure**

Neutered: **Yes – No - Unsure**

Breed \_\_\_\_\_

Color \_\_\_\_\_

Is this your first rabbit? **Yes - No**

Is this your first PET? **Yes - No**

Date of birth \_\_\_\_\_

(Circle): **actual - estimate**

When did you get your rabbit? \_\_\_\_\_

Source: **Pet Store / Shelter / Pet Show / Breeder / Private Party / Other** \_\_\_\_\_

### Environment

Cage dimensions: H \_\_\_\_\_ x W \_\_\_\_\_ x L \_\_\_\_\_ Where Kept? \_\_\_\_\_

Substrate on cage floor (Circle): **Newspaper / Care Fresh / Yesterday's News**

**Wood Shavings (cedar – pine) / Nothing / Other** \_\_\_\_\_

Does the rabbit use a litter box? **Yes – No** Which litter is used? \_\_\_\_\_

How often is the cage cleaned? \_\_\_\_\_

Cage Accessories: **Chew Toys / Hay Rack / Towels / Hanging Toys / Other** \_\_\_\_\_

Is cage shared with another rabbit? **Yes – No** Sex of cage mate: **M – F – Unsure**

Other pets in the home: \_\_\_\_\_

Are they exposed to this pet? **Yes – No** In what way? \_\_\_\_\_

How much time does your rabbit get out of its cage per day? \_\_\_\_\_ minutes/day

Is your pet supervised when it is outside of its cage? **Yes (always) – Usually – No**

Where allowed when out of cage: **Confined area / Exercise pen / Free roaming in house / Free roaming in yard / Leashed outside / Other** \_\_\_\_\_

### Nutrition

Diet (detail everything offered) \_\_\_\_\_

List everything the rabbit eats: \_\_\_\_\_

Vitamin & Mineral Supplements: \_\_\_\_\_

Name \_\_\_\_\_

**Medical History**

List current medical problems / Primary complaint: \_\_\_\_\_

Current treatments or supplements: \_\_\_\_\_

Please list any previous medical problems (dates and treatment)

Current Appetite: **Normal – Increased – Decreased – Anorexic** For how long? \_\_\_\_\_

Stools: **Color** \_\_\_\_\_ **Consistency** \_\_\_\_\_ **Amount** \_\_\_\_\_ **Frequency** \_\_\_\_\_

Urination: **Color** \_\_\_\_\_ **Frequency** \_\_\_\_\_ **Amount** \_\_\_\_\_ **Difficulty Y - N**

Have you noticed (Circle all that apply):

**weight loss, weight gain, masses or lumps (where \_\_\_\_\_ )**

**abnormal urination, abnormal stools, discharges (where \_\_\_\_\_ )**

**difficult breathing, cough/gag, sneezing, nasal discharge \_\_\_\_\_**

**excessive shedding, hair loss, itching, skin sores (where \_\_\_\_\_ )**

**eye discharge \_\_\_\_\_, lethargy, inactivity, pain (where \_\_\_\_\_ )**

Describe other changes: \_\_\_\_\_

Previous Veterinary Visits: **Yes – No** Date of last visit \_\_\_\_\_

Doctor \_\_\_\_\_ Clinic \_\_\_\_\_

Phone \_\_\_\_\_ Records requested? **Y – N** Received? **Y – N**

Previous Lab Tests / Diagnostics: **Y – N** Date of Last Testing \_\_\_\_\_

**Complete Blood Count O      Chemistry Profile O      Bacterial Culture O**

**Fecal (stool) Exam O      Urinalysis O      Fur Mite Check O**

**Pasteurella multocida O      E. cuniculi O      Radiograph (X-ray) O**

**Other Tests \_\_\_\_\_**

**Results Requested? Y – N**

**Received by Clinic? Y - N**