

Rabbit History Form

date \_\_\_\_\_

Client \_\_\_\_\_ Patient \_\_\_\_\_

- 1) How long have you owned this rabbit?
- 2) Where was it acquired?
- 3) Is this rabbit spayed/neutered?
- 4) Do you have other pets? Please list
- 5) Please list everything you feed your rabbit, how much, how often. Please include brand names if you know them.
  - Hay?
  - Pellets?
  - Fresh produce?
  - Treats?
  - Anything else?
- 6) Please describe your rabbit's enclosure- the size, what is it made of? What type of flooring?
- 7) How is water provided?
- 8) Is your rabbit kept indoors or outdoors?
- 9) What substrate/bedding is used?
- 10) What type of toys does your rabbit like?
- 11) When did you notice your rabbit was ill?

12) What signs of illness have you seen?

13) Has this rabbit had to have health problems treated previously?