Rabbit History Form

Client ___________________ Patient ___________________

date ___________________

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?