

Date:

Rabbit and Rodent History Form

It is important to provide an accurate history of your pet in order to receive the best treatment options available.

Please provide information to the questions below.

1. Patient Information

Name: _____

Species: _____

Gender: Male Female Unknown

Spayed/Neutered: Yes No Unknown

Date of birth: _____

Date acquired and source (pet store, breeder, previous owner): _____

Number of previous owners (other than breeder, store): _____

What states and/or countries has your pet lived in? _____

2. Environment

Is the animal kept indoors or outdoors? _____

Describe the cage enclosure (size, type, objects in cage - dust bath, toys, etc.): _____

What type of material is used to line the bottom of the cage/litter pan? _____

Is the animal kept in the cage with other animals? Yes No

If you answered yes to the previous question, how many cage-mates are there? What sex are the cage-mates? Are the cage-mates spayed or neutered? _____

Please list all other pets in the household: _____

Have there been any new pets (within the last 6 months) placed in this animal's cage? _____

How much time does your pet spend outside of the cage? _____

Is your pet supervised when it is out of the cage? At all times Sometimes No

Does your pet chew on carpet or other objects/materials when outside of the cage? _____

Please list recent changes in the environment, if any: _____

3. Diet

What amount of your pet's diet consists of the following (please describe what the animal actually eats, not what is offered):

Amount of hay (timothy, alfalfa, etc.): _____

Amount of pellets (timothy, alfalfa, etc.): _____

Amount of seeds (type/brand): _____

Amount of vegetables (types): _____

Amount of fruits (types): _____

Other: _____ Amount/type: _____

How often do you change your pet's food? _____

What (if any) treats do you give your pet (brand and amount)? _____

Do you supplement your pet with any vitamins? Is the food or water supplemented with vitamins? Brand and frequency? _____

Please describe any recent change to your pet's diet: _____

4. Reproductive

Has your pet been bred before? If yes, how many times? _____

When was it last bred? _____

What was the size of all previous litters? Were the litters healthy? _____

Do you plan on breeding this pet in the future? _____

5. Is your pet here for a **Check-up** **Illness (please check one)**

If your pet is here for an illness, please describe the signs/symptoms and how long your pet has been showing these signs/symptoms: _____

Is your pet's activity level Normal Decreased Increased

Is your pet's appetite Normal Decreased Increased

Have you noticed any of the following:

- Weight loss
- Weight gain
- Discharge from the eyes or nose
- Increased breathing rate or effort
- A change in the droppings
- An increased or decreased thirst
- Weakness
- Cecotropes (Rabbits) If so, how often?

6. Previous Conditions

Has your pet had any previous conditions, operations, or problems (including dental or gastrointestinal problems)?

7. Miscellaneous

Is your pet currently on any medications? _____

Has your pet been on any medications recently? If yes, please list them: _____

8. Is there anything else you would like done today?

- Nail Trim
- Have questions about: _____
- Other: _____