

Rabbit New Patient History



Specialized Care for Avian & Exotic Pets
10882 Main St. Clarence, NY 14031
(716) 759-0144 fax (716) 759-0146

• This Visit

Date: _____ Reason for visit today? _____

How did you hear about us (phone book, newspaper ad, pet store, etc.)? _____

Have you been referred by another veterinarian? Yes (Name of Vet: _____) No

*** If your veterinarian has specifically referred your rabbit to us, so that we may maintain good working relationships, we will not be able to provide care for other pets you may own and request that you maintain routine care for this patient with your primary veterinarian.*

• Owner and Pet Identification

Owner's Name(s): _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Address: _____ City, State, Zip: _____

E-mail: _____

Please select address you prefer for health reminders e-mail regular mail text

Emergency Contact and Phone Number: _____

Employer's Name: _____

Rabbit's Name: _____ Breed if Known: _____

Pet's Date of Birth or Age: _____ Date Acquired: _____

Sex: *Male Female Neutered Male Spayed Female Unknown*

Color: _____

Where was the pet obtained: Pet Store Animal Shelter Breeder Rescue Group Other

• Diet

Pelleted Food (include brand name and amount fed daily) _____

Does the pelleted feed contain components such as nuts, seeds, etc.? *Yes No*

If yes, please list components: _____

Fruits and Vegetables (please list type(s) and amount fed daily): _____

Hay (please list types and amount fed daily): _____

Please list any "table foods" and treats fed and amount fed daily: _____

How is water offered? *Bowl Bottle Tap water Bottled Filtered*



**** PLEASE FILL OUT BOTH SIDES OF PAGE ****

• Housing and Environment

Where is your pet housed? *Indoors* *Outdoors*

If housed indoors, where in the house is the cage located? _____

If housed outdoors, where is the hutch located? _____

If caged, what type of cage and size? (e.g. plastic or wire floor cage, exercise pen, etc.)

How much out of cage time (exercise or "hop" time) does the rabbit have daily? _____

What type of bedding does rabbit have? *Cedar shavings* *Pine shavings* *Aspen shavings*
Towels *Carefresh* *Cat Litter* *None* *Other:* _____

Is your rabbit litter box trained? *Yes* *No*

If yes, what kind of litter is used? *Cedar shavings* *Pine shavings* *Aspen shavings*
Carefresh *Yesterday's News* *Clumping clay litter* *Non-clumping clay litter*
Newspaper *Straw/Hay* *Corn Cob* *Wheat Cob* *Other:* _____

How often are cage and litter box cleaned? _____

What is used to clean cage and litter box? (e.g. white vinegar, etc.) _____

What kind of toys does your rabbit like to play with? _____

Is this rabbit housed in the same cage as other rabbits or guinea pigs? *Yes* *No*

If yes, please list: _____

List other pets in the home: _____

• Previous Medical History

Has your rabbit had any previously diagnosed illness? *Yes* *No* (If yes, please describe _____)

Has your rabbit had any laboratory tests performed? *Yes* *No*

If, yes please circle: *Blood work* *Fecal exam* *X-rays* *Other* _____

Is your rabbit taking any vitamin supplements, herbals or medications? *Y/N* (_____)

Has your rabbit ever had surgery? *Yes* *No* (If yes, please describe _____)

Have you noticed any of the following signs ?

- Decreased appetite Tooth grinding
- Change in personality Lameness Difficulty breathing
- Eye/nose discharge Hair loss
- Change in stools (*Diarrhea* *Decreased stool output* *Small stools*)