



# Rabbit and Rodent History Form

## 1. Patient Information

TODAY'S DATE

/   /

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? If yes, please list 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?  Yes  No  Maybe

### 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?  Yes  No

Has your pet been on any medications recently?  Yes  No

If yes, please list them:

Is there anything else you would like done today?  Yes  No

If yes, please list them:

Are there any additional questions you have for the doctor?