

Rabbit New Patient History



- This Visit

What is the reason for your visit today? _____
How did you hear about All Creatures Animal Hospital? _____

- Owner and Pet Identification

Owner's Name(s): _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Address: _____ City, State, Zip: _____
Emergency Contact and Phone Number: _____
Employer's Name: _____ Employer's Phone Number: _____
Pet's Name: _____ Breed if Known: _____
Pet's Date of Birth or Age: _____ Date Acquired: _____
Sex: *Male* *Female* *Neutered Male* *Spayed Female*
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: _____
Fruit 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: _____
Do you give your pet vitamins or other supplements? *Yes* *No*
If yes, please list: _____
How is water offered? *Bowl* *Bottle* *Tap water* *Bottled* *Filtered*

- 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* _____

Has your rabbit ever had surgery? *Yes* *No*

If yes, please describe _____

- Authorization

I hereby authorize the veterinarian to examine, prescribe for, or treat the above-described rabbit. I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment.

Signature: _____ Date: _____