



Rabbit History Form

Office Use Only:
Admitting Clinician: _____
Appointment Time _____
Date _____

Name of Rabbit: _____

Species: _____ Age: _____ Sex: _____ Pet Rabbit Breeder

Background Information

Length of time owned : _____ Where acquired? Breeder Pet Store Other _____

Character of feces: _____ Is the rabbit taken outside? Yes No

How often is the rabbit handled? Daily Occasionally Never

Husbandry

Housed Indoors Outdoors Is the rabbit allowed to roam free in the house? Yes No

Type of cage: _____ Size of cage: _____ Galvanized? Yes No

Where is the cage located: _____

Cage Substrate: _____ How often is cage cleaned? _____

What type of disinfectant used when cleaning the cage? _____

Nutrition

Type of food offered

Pellets: Yes No If yes, what Brand: _____ Amount fed/frequency: _____

Hay: Yes No If yes, what Brand: _____ Amount fed/frequency: _____

Supplements offered and frequency (fresh grass,carrots,lettuce,etc)? _____

Water source _____ How often is it changed? _____

Any other pets? Yes No If yes, specify: _____

Any other rabbits? Yes No If yes, what types: _____

Are rabbits housed together or singly? _____

If not housed together, where are the other rabbits located? _____

Any new additions to the rabbit population? Yes No If yes, please specify: _____

Past Medical History/ Problems:

Current Presenting Problem:
