

<b>Rabbit History Form</b>	Date: _____
RDVM info	Admitting Clinician: _____
	Appt. Time: _____

Name of Rabbit: _____	Breed: _____	Sex: _____	Age: _____	Pet Rabbit/Breeder
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**Background Information:**  
Length of time owned: \_\_\_\_\_ Where acquired? Breeder  Pet Store  Other \_\_\_\_\_  
How often is rabbit handled? Daily  Occasionally  Never  Character of Feces \_\_\_\_\_

**Husbandry:**  
Housed Indoors/Outdoors? \_\_\_\_\_ Is rabbit allowed to roam free in the house? Yes  No   
Where is cage located? \_\_\_\_\_  
Type of Caging: \_\_\_\_\_ Galvanized? Yes  No   
Size of Caging \_\_\_\_\_  
Cage Substrate? \_\_\_\_\_ How often is caged cleaned? \_\_\_\_\_  
What type of disinfectant is used when cleaning cage? \_\_\_\_\_

**Nutrition:**  
Type of food offered:  
--Pellets? No  Yes  If yes, what brand? \_\_\_\_\_ Amount fed/frequency: \_\_\_\_\_  
--Hay? No  Yes  If yes, what type? \_\_\_\_\_ Amount fed/frequency: \_\_\_\_\_  
--Supplements offered and frequency?(i.e. fresh grass, carrots, lettuce, etc...) \_\_\_\_\_  
Water source? \_\_\_\_\_ How often is water changed? \_\_\_\_\_  
Any other pets? No  Yes  If yes, specify \_\_\_\_\_ Do other pets interact with rabbit? Y/N  
Any other rabbits? No  Yes  Specify \_\_\_\_\_  
Are rabbits housed together or singly? \_\_\_\_\_ If not housed together, where are the other rabbits located? \_\_\_\_\_  
Any new additions to the rabbit population? No  Yes  If yes, specify \_\_\_\_\_

**Past Medical History/Problems:**

**Current Presenting Problem:**

**Duration of Complaint:**