HISTORY FORM

Patient Name: ___________________ Owner: ___________________ Date: ________________

Breed/Type: ______________________ Primary Color: ______________________

- How long have you owned this pet? ____________________________
- Where did you obtain this pet? (Pet Store, Breeder, Friend)
  - ____________________________
- Do you have other rabbits? If yes are they cagemates/housemates? Are they healthy?
  - ____________________________
- Please describe:
  - Housing: ______________________
  - Bedding/Furniture/toys: ________________
- Describe typical diet (include brand-name if available):
  - ____________________________
- List any medications, insecticides or nutritional supplements (vitamins/minerals used):
  - ____________________________
- Describe previous medical problems/treatments:
  - ____________________________
  - ____________________________

Does your pet:

- ____ YES ____ NO Have External parasites? If yes, please describe______________________________
- ____ YES ____ NO Go outside? If yes, where? ________________________________
- ____ YES ____ NO Travel, board or attend shows? If yes, where? _________________
- ____ YES ____ NO Roam the house? If yes, where? ______________________________
- ____ YES ____ NO Chew on things (blinds, window sills, toys, etc?) ________________________________
- ____ YES ____ NO Have exposure to toxins (2nd hand smoke, high cage ammonia levels, pesticides, other)? ________________________________

Comments or Questions? ________________________________________________

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Thank you for choosing Westgate Pet and Bird Hospital