RABBIT 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? ___________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

Thank you for choosing Westgate Pet and Bird Hospital