RABBIT HISTORY FORM

To ensure the best possible veterinary care for your animal, it is crucial to provide a comprehensive record of your pet's medical history. Please fill out this form with utmost accuracy. If you have any uncertainties, feel free to consult our veterinary staff without hesitation.



Animal Details

Name:					
Breed:	_ Color:				
Date of birth/Age: Sex: M □ F □ neutered/spayed □	unknown □				
Origin: breeder □ pet store □ rescue □ other:					
Length of time owned: Are you a: pet owner □ bree	der □ rescue □ pet store □				
How often do you handle your rabbit? daily □ weekly □ biweekly □ monthly i	□ rarely □ never □				
Does your animal have a reproductive history? N □ Y □ If yes, please explain:					
Has your rabbit ever been outside? N □ Y □ If yes, for how long/frequently?					
Medical History					
Is this your pet's first time at the vet? Y \square N \square If no, did you bring records? Y \square N \square]				
If no, who was your pet's previous vet(s)?					
				Has your rabbit received any treatment in the last 30 days? N □ Y □	
				If yes, please provide details:	
				Environment	
					. V 🗆
rpe of caging: Is the cage galvanized? N □ Y □ ze of caging: Cage substrate:					
Location of cage:cage substrate					
How often is the cage cleaned? What cleaning agents are used?	,				
Toys available? N □ Y □ If yes, please explain: what cleaning agents are used:					
Litter box available? N □ Y □ If yes, what type of litter?					
Furniture available? N Y If yes, please explain: In this pat housed singly? Y N If possibly against (a):					
Is this pet housed singly? Y □ N □ If no, specify cage mate(s):					
Is your pet allowed to roam the home?					
Do you have any other animals? $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	mal(s)? N □ Y □				
If ves. please specify:					

Critter Care of Panama City

Diet & Nutrition

Is your rabbit eating well? Y \square N \square If no, please explain: Is your rabbit drinking well? Y \square N \square If no, please explain: What is your animal's fecal consistency?		
•		
Type of food offered:		
pellets □ Brand:	Frequency: _	Amount:
hay	Frequency: _	Amount:
vegetables Type(s):	Frequency:	Amount:
fruits Type(s):	Frequency:	Amount:
vitamins □ Types(s):	Frequency:	Amount:
treats ☐ Brand(s):	Frequency:	Amount:
What is the water source? tap water \square well water \square bot	tled water □	rain/river water □
How is that water provided? bowl □ water bottle □ other	er 🗆	
How frequently is the water changed?		

Please share any additional comments or information you believe to be beneficial: