

HISTORY FORM-

Your Name

Pet's Name

Age: _____ Sex: M F Breed: _____ Color: _____

Has your rabbit ever been seen by a veterinarian? Yes No

If Yes, please list last approximate date he/she was seen and the reason for the visit:

Diet: Does your rabbit eat any of the following:

Grass hay (any type such as timothy, orchard grass, etc) Yes No

If YES is hay available all day? Yes No

Pellets (How much do you feed per day? _____)
(What brand(s) of pellets do you use? _____)

Fresh foods (greens, fruits veggies and how much per DAY _____)

Other foods? (Please describe) _____

Is your rabbit living in direct contact with other rabbits? Yes No

Is your rabbit currently producing normal stools? Yes No

If No, please explain: _____

Is your rabbit currently refusing any types of foods? Yes No

If Yes, please explain: _____

Have you noticed any eye/ nasal discharge or sneezing recently? Yes No

If Yes, please explain: _____

Has your rabbit had any medical problems in the past? Yes No

If Yes, please explain: _____

Is your rabbit currently on any medications? Yes No

If Yes, please list: _____

Would you consider the following functions as normal for your rabbit at this time?

Drinking Yes No

Urination Yes No

Daily activity Yes No

If NO to any above please explain _____

How did you hear about the FVAWL rabbit spay/neuter clinic?

FVAWL Website Personal or vet referral (Name? _____)

Rabbit Website/Group: BUN _____ Chicago HRS _____ Other _____

Other (Please explain) _____

City where you reside: _____