

# EXOTIC ANIMAL QUESTIONNAIRE

## RABBITS



We appreciate your time in filling out this form. **If you have an emergency**, please alert the client service representative or doctor and we will assist your pet immediately.

### CLIENT/PATIENT INFORMATION

Client Name: \_\_\_\_\_ Rabbit's Name: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

Species: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M / F | Neutered / Spayed | Pet Rabbit / Breeding Animal

Reason for today's visit (include duration of problem if applicable): \_\_\_\_\_

Past medical problems: \_\_\_\_\_

How would you describe your rabbit's energy level? \_\_\_\_\_

### BACKGROUND INFORMATION

Length of time owned: \_\_\_\_\_ Where acquired? \_\_\_\_\_

Type of enclosure: \_\_\_\_\_ Size of enclosure: \_\_\_\_\_

Indoor / Outdoor / Both (circle one)

- Do you use a substrate or bedding on the floor of the enclosure? Y / N

If yes, list type or brand: \_\_\_\_\_

- Please describe any cage accessories inside the enclosure: \_\_\_\_\_

- How many rabbits are housed inside the enclosure? \_\_\_\_\_

### NUTRITION INFORMATION

Types of food offered (including treats):

• \_\_\_\_\_ Amount & Frequency: \_\_\_\_\_

Is your rabbit currently eating? Y / N / Decreased Amount / Other

How is water offered? \_\_\_\_\_ Frequency of water change? \_\_\_\_\_

Does your rabbit pass hard, round pellets? Y / N

If no, please describe: \_\_\_\_\_

Do you see your rabbit groom his or her rectal area? Y / N

Do you ever see your rabbit's cecotroph (night feces) in the enclosure? Y / N