

**Instructions:** An accurate history of your pet is extremely important. We would appreciate your cooperation in providing us with the following information as accurately as possible.

**Owner Name:** \_\_\_\_\_ **Pet Name:** \_\_\_\_\_

Rabbit/Guinea Pig Patient Information	
<b>Species:</b> _____	<b>Gender:</b> _____
<b>Age (or best guess):</b> _____	<b>How long have you had this pet?</b> _____
<b>Source:</b> (pet store, breeder, etc.) _____	

Environment
<b>Habitat:</b> <ul style="list-style-type: none"><li>- Size: _____ Fencing Materials: _____</li><li>- Habitat Flooring: _____</li><li>- Litter: _____</li><li>- Cleaning materials used: _____</li><li>- Habitat cleaning schedule: _____</li></ul> _____
<b>Are there any other pets sharing the habitat?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If so, how many? _____

Diet
<b>What type of hay does this pet eat?</b> _____
<b>What type of pellet food does this pet eat?</b> _____
<b>What type of fresh fruit/greens does this pet eat?</b> _____
<b>What treats does this pet eat?</b> _____
<b>Does this pet get vitamins or supplements? If so, please list here:</b> _____

---

**Please describe the feeding schedule & quantities for this pet in detail**

---

---

---

---

### **Behavior**

**Have bowel movements been normal?** ☐ Yes ☐ No

**If no, please describe:**

---

---

**Do you weigh this pet regularly?** ☐ Yes ☐ No

**Have you noticed any changes in weight or size?** ☐ Yes ☐ No

**Is this pet's activity level** ☐ Normal ☐ Increased ☐ Decreased

**Is this pet's appetite** ☐ Normal ☐ Increased ☐ Decreased

**Have you noticed:**

☐ breathing changes ☐ discharge from eyes, nose, or mouth

☐ abnormal skin color or shedding ☐ weakness

☐ other: \_\_\_\_\_

**Have you used any over-the-counter medications** ☐ Yes ☐ No

**If yes, please describe:**

---

**Has this pet had medical issues in the past?** ☐ Yes ☐ No

**If yes, please describe:**

---

**Is there anything else we can help you with today?**

---

---

---


Owner Signature \_\_\_\_\_

Owner Name (printed) \_\_\_\_\_

What is the best phone number to reach you today? \_\_\_\_\_

Permission to text with updates? \_\_\_\_\_