



RABBIT AND RODENT QUESTIONNAIRE

Animal's Name: _____ Sex: M F Unknown Birthdate/Age: _____

Species: _____ Neutered/Spayed: YES NO

Source: Pet store _____ Prior owner _____ Breeder _____ Other _____

Date acquired: _____

Any previous tooth problems? YES NO

Housed: Indoor cage _____ Outdoor cage _____ Free-roaming in house _____

Type of cage bedding: _____

List everything your animal ACTUALLY eats, including brand & treats:

Type of Hay & Amount: _____

Veggies & Fruits: _____

Pellets (Does it have seeds or non-green colors?): _____

Treats: _____

List other rabbits or rodents (how many): _____

Any other pets sick? YES NO

When did YOU notice your animal was sick? _____

What signs have you noticed in this animal, this incident? (CIRCLE ALL THAT APPLY): diarrhea, blindness, constipation, anorexia: breathing difficulty, lethargic, collapse, head tilt, circling, skinny, obese, limping, bleeding, eye/nosril discharge, ear problems, skin problems, change in personality, overgrown teeth, drooling, hair loss, urination issues, skin swelling, bloated abdomen

Is the animal on any medications? If YES, what are they? _____

Signature: _____

Date: _____