

Owners Name: _____ **Pets name:** _____

Breed: _____ Sex: _____ Neutered/Spayed? _____ Age/Birthday: _____

Where did you purchase your rabbit/guinea pig from?

Pet shop ___ Private breeder ___ Other _____

Does it live with other rabbits/guinea pigs? Y/N If yes, how many? _____

Are there other pets in the household? Y/N _____

Housing:

How large is the cage? _____

Any others in the cage? _____

What is it made of? _____

What type of bedding is provided? Newspaper ___ Recycled Paper litter ___ Wood shavings ___

Other _____

How often is the bedding changed? Daily ___ Weekly ___ Other _____

What enrichment/ furniture is provided in the cage? Sleeping area ___ Exercise wheel ___

Toys ___ Chewing items ___ Other _____

Diet:

What is the main food offered to your rabbit/guinea pig? Pellets ___ Hay ___ Green veggies ___

Seed mix ___ Treats _____

How much and how often is your rabbit/guinea pig fed? _____

Appointment:

Main concern: _____

Any of these signs seen in the past 2-4 weeks?

___ Coughing/sneezing/runny nose/ trouble breathing/ discolored front legs

___ Squinting/ red eyes

___ Strange odors

___ Shaking of the head

___ Scratching

___ Weight loss or weight gain

___ Abnormal urinary or bowel movement habits

___ Increased/ Decreased appetite

___ Increased/Decreased thirst

___ Limping

___ Pain of any kind

Is your rabbit/guinea pig on any current medications? _____