

Rabbit/Guinea Pig History/Husbandry Form

Client Name _____ Pet Name _____ Date _____

Rabbit OR Guinea Pig Age _____ Sex _____ Animal is a: Pet Breeder

Does pet have a microchip? Yes No If yes, what is the microchip number? _____

Background:

Length of time owned _____ Where did you acquire pet? _____

How often is pet handled? Daily Occasionally Never

Husbandry:

Housed: Indoor Outdoor Does pet roam free in house? Yes No Occasionally

Type of caging: _____ Size of caging: _____ Cage location: _____

Cage Substrate: _____ How often is cage cleaned? _____

What is used to clean cage? _____

Toys offered? Yes No Litter box offered? Yes No

Who is housed with pet? housed singly with a cage mate If cage mate how many? _____

Do other pets interact with this pet? Yes No If yes, specify _____

Other pets in the house? Yes No If yes, specify type and amount: _____

If dogs are present have they been vaccinated for Bordetella? Yes No

Any new additions to the pet population? Yes No If yes, specify _____

Were new pets quarantined? Yes No Length of time? _____ How? _____

Nutrition:

Is pet eating well? Yes No Is pet drinking well? Yes No

Type of food offered:

Hay? Yes No If yes, which brand _____ Amount fed/frequency _____

Pellets? Yes No If yes, which brand _____ Amount fed/frequency _____

Seed Mixture? Yes No If yes, which brand _____ Amount fed/frequency _____

Fresh Fruit/Vegetable? Yes No If yes, which type _____ Amount fed/frequency _____

Other food items/treats: _____ Amount fed/frequency _____

Supplements/Vitamins? Yes No If yes, which brand _____ Amount fed/frequency _____

Water source? _____ How often is water changed? _____

Reason for visit:

Which type of visit is this? Wellness Sick/behavior If sick/behavior issue please explain: _____

How long has pet had this issue? _____ Are other pets in house having the same issue? Yes No

Describe the pet's feces: _____

Is pet urinating normally? Yes No Is pet defecating normally? Yes No

Any recent travel? Yes No If yes when and where? _____

Any known medication reactions? Yes No If yes please explain: _____