

**Kettle Moraine Veterinary Clinic**  
2712 Eastern Ave. P.O.Box 439  
Plymouth, WI 53073  
(920)892-4225

Date: \_\_\_\_\_

**Rabbit and Rodent History Form**

It is important to provide an accurate history of your pet in order to receive the best treatment options available. Please provide information about the questions below.

**1. Patient Information**

Name: \_\_\_\_\_

Species: \_\_\_\_\_

Gender: Male Female Unknown

Spayed/Neutered: Yes No Unknown

Date of Birth: \_\_\_\_\_

Date Acquired and source: Pet store Friend/Family Breeder Rescue Humane Society

Number of Previous Owners (other than breeder store): \_\_\_\_\_

What states and/or countries has your pet lived in? \_\_\_\_\_

**2. Environment**

Is the animal kept indoors or outdoors? \_\_\_\_\_

Describe the cage enclosure (size, type, objects in cage- toys, etc.): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What type of litter material is used to line the bottom of the cage/litter pan? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Is the animal kept in the cage with other animals? Yes No

If you answered yes to the previous question, how many cage-mates are there? What sex are the other cage-mates?

Are the cage-mates spayed or neutered?

\_\_\_\_\_  
\_\_\_\_\_

Please list all other pets in the household: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have there been any new pets (within the last 6 months) placed in this animals cage? \_\_\_\_\_

\_\_\_\_\_

How much time does your pet spend outside of the cage? \_\_\_\_\_

Is your pet supervised when it is out of the cage? At all times Sometimes No

Does your pet chew on carpet or other materials when outside the cage?

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Please list recent changes in the environment, if any: \_\_\_\_\_

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### 3. Diet

What amount of your pet's diet consists of the following (please describe what the animal actually eats, not what is offered):

Amount of Hay (timothy, alfalfa, etc.): \_\_\_\_\_

Amount of pellets (timothy, alfalfa, etc.): \_\_\_\_\_

Amount of seeds type/brand): \_\_\_\_\_

Amount of vegetables (types): \_\_\_\_\_

Amount of fruits (types): \_\_\_\_\_

Other: \_\_\_\_\_ Amount/type: \_\_\_\_\_

How often do you change your pet's food? \_\_\_\_\_

What (if any) treats do you give your pet (brand and amount)? \_\_\_\_\_

Do you supplement your pet with any vitamins? Is the food or water supplemented with vitamins? Brand frequency?

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Please describe any recent change in your pet's diet:

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### 4. Reproduction

Has your pet been bred before? If yes, how many times?

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When was it last bred? \_\_\_\_\_

What was the size of all previous litters? Were the litters healthy?

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Do you plan on breeding this pet in the future?

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### 5. Is your pet here for a Checkup Illness

If your pet is here for an illness, please describe the signs/symptoms and how long your pet has been showing the signs/symptoms:

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Is your pet's activity level   Normal   Decreased   Increased

Is your pet's appetite   Normal   Decreased   Increased

Have you noticed any of the following:

Weight loss

Weight gain

Discharge from eyes and nose

Increased breathing rate and effort

A change in droppings

An increased or decreased thirst

Weakness

Cecotropes (Rabbits) If so, how often? \_\_\_\_\_

**6. Previous Conditions**

Has your pet had any previous conditions, operations, or problems (including dental or gastrointestinal Problems)?

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**7. Miscellaneous**

Is your pet currently on any medications? \_\_\_\_\_

Has your pet been on medications recently? If yes, please list them:

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**8. Is there anything else you would like done today?**

Nail trim

Have a question about: \_\_\_\_\_

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Other \_\_\_\_\_

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Thank you!