

Initial Rabbit Medical History

Technician _____ Date _____

Client Name _____ Patient Name _____

Signalment Plus

- Breed _____
- Birthdate _____
- Female/Male
- Neutered Yes/No At what age was the neutering performed? _____
- How long have they owned the rabbit? _____
- Where did they obtain him from? _____
- Is he comfortable being handled? – Yes/No
- Any past medical problems? - Yes/No If yes describe _____

- Any other pets at home? - Yes/No If so what are they? _____
- Have any of your pets died recently? – Yes/No If yes what did they die from and when? _____

- Are there any cigarette smokers in the home? – Yes/No

Presenting Complaint/Medical Concerns

- What is the rabbit presenting for today? _____
- If ill how long has it been going on? _____
 - Is the problem progressing, getting better or staying the same?
- Is he eating/drinking like normal? – Yes/No If not describe _____

- Is there any sneezing? – Yes/No If yes describe consistency and frequency. _____

- Is there persistent or intermittent nasal discharge? – Yes/No If yes describe consistency and frequency. Which nostril left/right/both _____
- Has there been any ocular discharge? – Yes/No If yes describe color and frequency. Which eye, left/right/both? _____

- Has there been any discharge or odor from the ears? – Yes/No If yes describe. Which ear, left/right/both? _____

- What is the consistency of the droppings? _____
- What is the frequency of the droppings? _____
- Is he litter box trained? – Yes/No If yes what kind of litter is being used? _____

- Any other pets or people sick at home? – Yes/No If yes who and what illness _____

- Any change in life style? – Yes/No If yes describe _____

Has there been any weight change? Yes/No Increase/Decrease

Diagnostic History (Have these test been completed, date and results)

Internal Parasite Evaluation – Yes/No

Date _____ Results _____

Chemistry and CBC panel – Yes/No

Date _____ Results _____

Diet

How is his appetite? _____

What brand of pellets and hay are you using? _____

List ALL human food fed. _____

What brand of rabbit treats and how often does he get them? _____

How much food is offered daily? _____

How much of the food is consumed? _____

How often is the food changed? _____

Describe their water consumption. _____

Is the water offered in a bowl or water bottle?

What type of water is offered? Tap/Bottled/Distilled

How often is the water changed? _____

Does he receive any vitamins? – Yes/No

What brand? _____

How often does he receive them? _____

Are they given in food/water/by mouth?

Is he on any supplements? – Yes/No If yes please list name and dose. _____

Grooming (Is he in the need of)

Nail trim – Yes/No

Teeth trim – Yes/No

Does he get bathed? – Yes/No If so how often? _____

What kind of shampoo? _____

Cage

Describe the cage in detail; does it include an enclosed hutch, exercise area, littler box, feeding area? _____

Size _____

Type of material cage it is made of _____

Is there a grate bottom? – Yes/No

- Caged indoor/outdoors.
 If *outdoors* is the cage protected from extreme heat and cold? – Yes/No
 Protected against predators and insects? – Yes/No
 Protected against environmental toxins? – YES/No
 If *indoors* where is the cage located? _____
 Is the room temperature well controlled? – Yes/No
- Food bowl material – Ceramic/metal/plastic/glass/other _____
- Toy material – Hardwood/softwood/plastic/rubber/cardboard/rope/other _____
 Quantity _____
 Does he play with toys? – Yes/No
- What type of substrate is used for cage lining? Newspaper/corncob/sand/gravel/cedar/other

- How often is the cage cleaned? _____
 Water bowl cleaned? _____
 Food bowl cleaned? _____
 Toys cleaned? _____
- Are there any cage mates? - Yes/No If yes, how many, breed and sex? _____
- Do they spend any time out of their cage? – Yes/No
 If so where are they when out of their cage? _____
 Are they unattended when out of their cage? – Yes/No