

North Portland Veterinary Hospital

3000 N Lombard

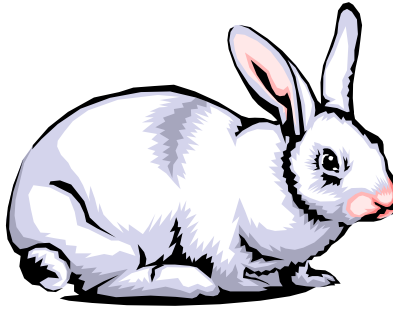
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RABBIT QUESTIONNAIRE



Please fill out as much of the information below as possible. A full background history is essential in helping us work towards the diagnosis of any problem.

Your Name _____

PROBLEM

ANIMAL

Pet Name _____

Breed _____

Age _____

Sex _____

Castrated/Spayed _____

Place of Acquisition _____

Age at Acquisition _____

ENCLOSURE

Dimensions & Type _____

Is the floor solid or wire? _____

Is the rabbit kept indoors or outdoors? _____

What bedding materials do you use? _____

Does your rabbit have free access around the house? _____

Does your rabbit have access to an outdoor run? _____

Any Cage mates _____

Any Other Pets _____

What disinfectant do you use to clean the cage? How often?

Does your rabbit have access to any electrical wiring or houseplants/garden plants? _____

DIET

Diet/Proportions (include types of hay/vegetables and brands of commercial foods) _____

Are the pellets timothy or alfalfa based? _____

Does your rabbit leave any part of the diet you offer? _____

Frequency of feeding and replacement of old food _____

Supplements/Treats/Frequency _____

Water Source: bowl or bottle? _____

How often is the water changed? _____

HEALTH

Any previous illnesses? _____

How long has your rabbit been ill? _____

If female, could she be pregnant? _____

Any other rabbits/pets affected/ill? _____

Any new rabbits introduced within the last six months? _____

Any change of food or water (type or source)? _____

Any signs of weight loss? _____

Any decrease in activity level? _____

Any change of appetite? _____

Any change in water consumption? _____

Any increase in urine production or straining to urinate? _____

Any drooling? _____

Any sneezing? _____

Any Diarrhea? _____

Have you noticed any new lumps or bumps on your rabbit? _____

Any signs of hair loss or itchiness/skin irritation/dandruff? _____

Any head shaking or crusty material in the ears? _____

Any difficulty breathing or discharge from the eyes or nose? _____

Have you treated your rabbit with any medications? If so, what and from where? _____