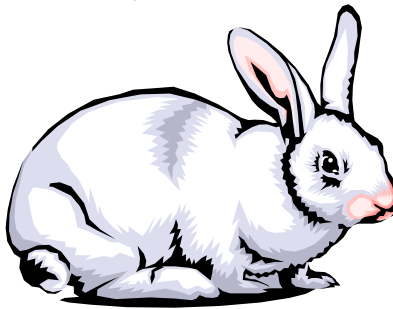




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RABBIT QUESTIONNAIRE



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.

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? _____