

# VCA Forestville Animal Hospital

5033 Gravenstein Highway North, Sebastopol, CA 95472

P 707-887-2261 vcaforestville.com

## Rabbit & Rodent History Form

Pet's Name: \_\_\_\_\_ Age/Date of Birth: \_\_\_\_\_

Sex: M F Unknown Neutered? Yes No Date acquired: \_\_\_\_\_

Source: pet shop/friend/breeder or other \_\_\_\_\_

Are there other pets in the household? If yes, please give details: \_\_\_\_\_

Does your pet have access to the whole house? Yes No

If confined to one room please give room details: \_\_\_\_\_

What is the average room temperature? \_\_\_\_\_

Centrally heated? Yes No Windows are double glazed Yes No Is the room air-conditioned? Yes No

Has the pet damaged any household items? Yes No

If Yes, please give details:

Item \_\_\_\_\_ How damaged \_\_\_\_\_ When (date) \_\_\_\_\_

Is your pet kept in a cage indoors? Yes No

If yes please give approximate dimensions:

height: \_\_\_\_\_ depth: \_\_\_\_\_ width: \_\_\_\_\_

Describe the furniture/toys, floor type, raised levels, etc. in the cage: \_\_\_\_\_

Are there smokers in the house? Yes No

Is your pet allowed access to the outside (i.e. backyard, garden)? Yes No Is this supervised? Yes No

Where does your pet urinate and defecate? \_\_\_\_\_

Do you use litter? Yes No

If yes, please describe kind/brand (ie. Aspen, cedar, paper/newspaper, Carefresh, etc.): \_\_\_\_\_

### Food

Describe the pet's current diet:

Please include types of hay, greens, veggies, fruits, brand of pellets, treats, any other food items he/she is known to eat and the quantities of these items if possible: \_\_\_\_\_

Where do you buy your pet's food?

Pet shop Supermarket Gather it or grow it yourself Other (please describe) \_\_\_\_\_

Have you changed the diet recently? Yes No

If yes, please state when and give a description of the previous diet: \_\_\_\_\_

(Flip page for additional questions)



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Do you give: If so, please name brand/type and state how often you give them and how they are given:

Vitamins/Minerals Yes No \_\_\_\_\_

Flea preventative Yes No \_\_\_\_\_

Medication Yes No \_\_\_\_\_

Probiotics Yes No \_\_\_\_\_

Dust Baths (Chinchillas) Yes No \_\_\_\_\_

### Water

Does your pet drink from a bowl or a sipper-bottle? \_\_\_\_\_

How much water does your pet drink each day? \_\_\_\_\_

Has the drinking increased or decreased? \_\_\_\_\_

If increased, when did you notice this? \_\_\_\_\_

### Reproductive information

Has your pet ever been bred? Yes No

Shown nesting behavior? \_\_\_\_\_

Had phantom pregnancy? \_\_\_\_\_

Any previous problems? Yes No

Please state with dates: \_\_\_\_\_

### The present problem

Please describe your pet's symptoms \_\_\_\_\_

Any nasal or eye discharge? Yes No If yes, describe: \_\_\_\_\_

Any excessive drinking? Yes No

Do you notice coprophagy (eating droppings)? Yes No (ie. Eating droppings can be normal for some species)

Are the droppings normal in appearance and size? Yes No If not, describe: \_\_\_\_\_

When did you first notice any difference in the number and size of the droppings? \_\_\_\_\_

Is the skin/fur normal? Yes No If not, describe: \_\_\_\_\_

Is there excessive scratching? Yes No

Any odd positioning or loss of use of any limbs? Yes No

If yes, please describe: \_\_\_\_\_

Any abnormal vocalization? Yes No

Any previous health problems: \_\_\_\_\_

### Additional comments:

