**HOSPITAL REGISTRATION FORM FOR YOUR RABBIT**

To help us keep your rabbit healthy, please complete this form and, if necessary, use the additional space on the back of the pages. Please answer as many of the questions as possible.

Owner's name................................................................................................................

Address.........................................................................................................................

............................................................... Postcode………Telephone no......................

Name of rabbit…………...............................................................................................

How long have you had your rabbit?............................................................................

Species.......................................................... ................. ………………………………

Age.......................Sex...................... Neutered? Y/N.

If neutered, at what age approx.?..... . ……………….Colour……………………………

Source (circle):   Pet shop          Friend               Breeder            Other (details below)

………………………………………………………………………………………………..

Do you keep other rabbits?

If so, please give details of their type, sex, how long you have had them and any problems they may have had recently.

What other pets do you have?

**Your rabbit’s environment**

Are they confined to an enclosure or a cage all of the time? Y/N

If they are given time out of their enclosure, where do they have access to and are they always supervised?

Describe any changes in the household since you have had your rabbit.

**Size and type of enclosure**

Please describe the enclosure and its **dimensions**, and **draw a plan** on the back of this page. Describe the materials it is made from. Are there any solid walls? If you have a photograph of it, you can include this too.

Where is the enclosure? If it is inside, which room is it in? If outdoors what other structures are nearby?

How is the enclosure cleaned? How often? List products used.

**Cage furniture**

Please list what is in your rabbit’s enclosure.

How often are the cage furnishings cleaned and how?

**Water**

How do you provide water and how often
is it changed?

 **More about your rabbit**

How often do you check your rabbit?

How often is your rabbit handled?

Do they like being held? Any biting/nipping behaviour?

Has your rabbit’s behaviour changed recently? How?

 **Reproduction**

Does your rabbit have a breeding history? Does it display sexual activity?

**Food**

What diet do you feed and how often? Include the brand if pellets or a mix.

(Try to provide an estimated percentage of the diet for each item)

List any supplements, vitamins, minerals, tonics, medicines, probiotics etc.

How long have you fed your rabbit this diet?

What was the previous diet? (if applicable)

What is your rabbit's favourite food?

Has there been any change in weight that you are aware of?

**Medical history**

Any previous health concerns?

Does your rabbit have an annual vaccination?

Has your rabbit had a Health Screen performed (blood examination)? If so, please detail.

List all past medical problems, including dates and medications.

*(attach printed history if referred from another clinic)*

Please provide **details about the current problem** with your rabbit.

**How long** has the problem been going on? Is it getting **worse/better/same**?

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**THANK YOU FOR FILLING OUT THIS DETAILED FORM.**
Payment is required on the day of consultation.