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## 24 Hour Emergency & Specialty Care

### Rabbit and Rodent History Form

DATE: \_\_\_\_\_

CLIENT ID: \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_

LAST NAME: \_\_\_\_\_

**Instructions:** An accurate history of your pet is extremely important. We would appreciate your cooperation in providing us with the following information. Please check the appropriate boxes or use the spaces provided.

#### 1. Patient information.

Species:

Gender: ☐ Male ☐ Female ☐ Unknown

Spayed / Neutered: ☐ Yes ☐ No ☐ Unknown

Date of birth:

Date acquired and source (pet store, breeder, previous owner):

Number of previous owners (other than breeder, store):

What states and countries has your pet lived in?

#### 2. Environment

Is the animal kept: ☐ Indoors ☐ Outdoors?

Describe the cage enclosure (type, size, objects in the cage (dust baths, toys, etc.):

What material is used to line the bottom of the cage/litter pan?

Is the animal kept in a cage with other animals? ☐ No ☐ Yes

If you answered yes to the previous question, how many cage-mates are there?

What sex are the cage-mates?

Are the cage-mates spayed/neutered? ☐ Yes ☐ No

Please list all other household pets:

Have there been any new additions within the past six months?

How much time does your pet spend outside the cage?

Is your pet supervised when it is out of the cage? ☐ At all times ☐ No ☐ Sometimes

Does your pet chew on carpet or other objects/materials when outside the cage (describe):

List recent changes in the environment, if any:

#### 3. Diet

What amount of your pet's diet consists of the following (please describe what the animal actually eats, not what is offered):

Amount of Hay (Timothy, Alfalfa, etc.):

Amount of Pellets (Timothy, Alfalfa, etc.):

Amount of Seeds (type/brand):

Amount of Vegetables (types):



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Amount of Fruits (types):

Other (amount and type):

How often do you change your pet's food?

What (if any) treats do you give your pet (brand and amount)?

Is their food or water supplemented with vitamins?

If so, brand and frequency?

Do you supplement your pet with any other vitamins?

If so, brand and frequency?

Please describe any recent change to your pet's diet.

### 4. Reproductive

Has this pet been bred before? ☐ No ☐ Yes - If yes, how many times?

When was it last bred?

What was the size of all previous litter(s)?

Was the litter healthy?

Do you plan on breeding this pet in the future? ☐ Yes ☐ No

### 5. Is your pet here for:

☐ A well-pet check up (ie, no major health concerns)? If so, please skip to section 6.

☐ A sick / unhealthy evaluation with health concerns.

If your pet is sick, please describe the signs and how long your pet has been showing these signs:

Is your pet's general activity level: ☐ Normal ☐ Decreased ☐ Increased

Is your pet's appetite: ☐ Normal ☐ Decreased ☐ Increased

Have you noticed any of the following?

☐ Weight loss

☐ Weight gain

☐ Discharge from the eyes or nose

☐ Increased breathing rate or effort

☐ A change in the droppings

☐ An increase or decreased thirst

☐ Weakness

### 6. Previous Conditions:

Has your pet had any previous conditions, operations or problems (including dental or gastrointestinal problems)? ☐ No ☐ Yes - describe:

### 7. Miscellaneous:

Is your pet currently on any medications)? ☐ No ☐ Yes - describe:



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Has your pet been on any medications recently)? ☐ No ☐ Yes - describe:

**8. Is there anything else you would like done today?**

☐ Nail trim

☐ Have questions about:

☐ Other: