

BETHEL VETERINARY HOSPITAL

Rabbit Questionnaire

Name of pet: _____ Obtained from (pet store, breeder, ect): _____

DOB: _____ Age Obtained: _____

Male/Female _____ Spayed/Neutered (yes/no) _____ Indoor/Outdoor: _____

Cage type (wire-bottom, plastic bottom, hutch, etc): _____

Litter box trained: (yes/no) _____ Type of litter used in cage: _____

How often do you clean the cage? _____ Water container (bowl/bottle): _____

Any other rabbits in the household? _____ Are they in the same cage? _____

Does your rabbit have any toys and what type? _____

How much time does your rabbit spend outside the cage? _____

Diet:

What brand/type of pellets does your rabbit eat and how much? _____

What type of hay does your rabbit eat? _____

List what fruits/vegetables you feed your rabbit: _____

Please list any other foods/treats you feed your rabbit: _____

Has your rabbit been to a veterinarian before? (Yes or No)

If so, what was your rabbit treated for? _____
