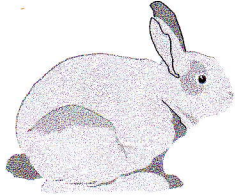




We Welcome you to

LaPorte Animal Clinic

Dr. Andrew Dean & Dr. Marta



RABBIT INFORMATION

Rabbit's Name _____

Breed _____ Color _____

Age _____ Date of birth _____

Male or Female _____ Spayed or neutered?(yes or no) _____

What kind of housing is your Rabbit in? (wire cage, etc.) _____

Is your rabbit housed indoors or outdoors? _____

Is your rabbit housed with any other rabbits? _____

If so, what sex is the other rabbit (spayed or neutered?) _____

How long have they been together? _____

What kind of pellet or mix does your rabbit eat? If pellets-are they timothy or alfalfa based? Are there seeds in the mix? _____

Do you feed hay? What kind? _____

Are you feeding vegetables or fruit? If so, what kind, how much and how often? _____

Do you give your rabbit any treats/supplements/vitamins?
Which _____

Has your rabbit had any previous illnesses or ongoing problems? Please describe _____

Is your rabbit on any medications now or has he/she been on any in the past? If so which medications and how long ago? _____

Previous surgeries _____

Reason for your visit today _____

**THANK YOU FOR YOUR PATIENCE IN FILLING OUT THIS FORM
IT WILL HELP US BETTER TREAT YOUR PET!!!**