



Exotic Companion

Rabbit Registration

Date: _____

Pet Details.....Rabbits Name: _____

Species/Breed/Variety _____

Sex: M ___ F ___ Neutered or Spayed? _____ If Yes, When? _____ At what age? _____

Weight _____ Date of birth _____ Color _____ Length of time in household _____

Females only: How many litters? _____ When was last litter? _____

Housing.....

Does rabbit have access to entire house? _____ Yard? _____ Exercise pen? _____

Rabbit lives primarily in: Hutch? _____ Size: _____ x _____ x _____ Other special quarters? _____

Indoor cage? _____ Size: _____ x _____ x _____ Temperature in enclosure: Day? _____ Night? _____

Type of Bedding: _____ Is rabbit litter box trained? _____ Leashed trained? _____

Exposure to shows or other rabbits? _____

Share cage with other Rabbits? Y N If yes: male or female Other household pets: _____

Diet/Feeding.....

Rabbit's diet: Alfalfa _____% Rabbit Pellets _____%: Brand? _____

Timothy Hay _____% Fresh Produce _____%: Types/how often? _____

Table foods _____%: Types? _____

Rabbit drinks from a: Bottle? _____

Bowl? _____

History.....

Please list briefly any previous health problems, including when you noticed and when and how they were resolved: _____

Adverse reactions to medications? _____

What is the appearance of the rabbit's bowel movements? _____

Date of last fecal parasite test _____ Results: _____

Reason for today's visit.....

If for illness or injury, please include date first noticed, changes observed during the problem, methods of treatment used (if any), and any other important, pertinent details.