

**Mathew J. Ryan Veterinary Hospital of the University of Pennsylvania
Rabbit and Rodent History Form**

Date: _____

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. Thank you.

1. Patient information.

Species: _____

Gender: Male ____ Female ____ Unknown ____

Spayed/Neutered (Y, N or 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 or 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 (Y or N)? _____

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?

Please list all other pets in the household. _____

Have there been any new pets (within the past six months) placed in this animal's cage?

How much time does your pet spend outside of the cage?

Is your pet supervised when it is out of the cage? ___ at all times ___ sometimes ___ no

Does your pet chew on carpet or other objects/materials when outside of the cage?

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) _____

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)?

Do you supplement your pet with any vitamins? Is the food or water supplemented with vitamins? Brand and frequency? _____

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

4. Reproductive

Has this pet been bred before? 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? _____

5. Is your pet here for a well pet check-up ____ or is it sick ____ (check one)?

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

Is your pet's activity level normal ____, decreased ____, or increased ____?

Is your pet's appetite normal ____, decreased ____, or 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 increased or decreased thirst
 weakness

6. Previous Conditions:

Has your pet had any previous conditions, operations or problems (including dental or gastrointestinal problems)? _____

7. Miscellaneous

Is your pet currently on any medications? _____

Has your pet been on any medications recently? If yes, please list them. _____

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

Nail trim
 Have questions about: _____
 Other: _____