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: ____________________________________________________________________