

Warranwood Veterinary Centre

The Best of Care for People and their Pets

HOSPITAL REGISTRATION FORM FOR YOUR RABBIT

To assist us in keeping your rabbit healthy, please complete this form and, if necessary, use the additional space on the back of the pages. Please answer as many of the questions as possible.

Owner's name

Address.....

..... Post Code.....Telephone no

Name of rabbit.....

Date of acquisition/Purchase/**How long have you had this rabbit?**

Breed.....AgeSex

Last Calicivirus Vaccination Date:.....

Source: Pet shop Friend Breeder Other (please give details)

Do you keep other rabbits or guinea pigs?

If so, please give details of their type, sex, date of acquisition and any problems they have had recently or if they are kept together.

What other pets do you have?

Your rabbit's environment

Is the rabbit confined in a hutch or at times allowed to wander in the house?
If allowed out, what does your rabbit have access to? e.g. cat litter.

How much free exercise a day does your rabbit have?

How is the room/house heated e.g. centrally by radiators, storage heaters, ducted warm air?

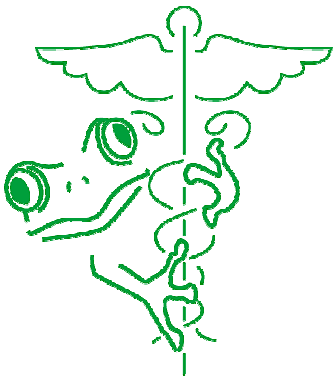
Describe any changes in household since you acquired your rabbit.

Size and type of cage

Please describe the cage and its dimensions, and draw a plan on the back of this page. Perhaps you have a photograph that we may have.

How often do you check the cage?

How is the cage cleaned? How often?



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Substrate

What is the cage substrate – material on the bottom of the cage (type and depth)?

How often is the substrate changed?

Hides

What is the cage furniture e.g. hide box, straw? Include these in the cage plan.

How often are these cleaned and how?

Heat sources

Describe the heating (if any) of the hutch.

Water

What is the water source and where is it in the cage?

How often is the water changed?

Your rabbit

How often do you check your rabbit?

How often is your rabbit handled?

How much exercise per day?

Reproduction

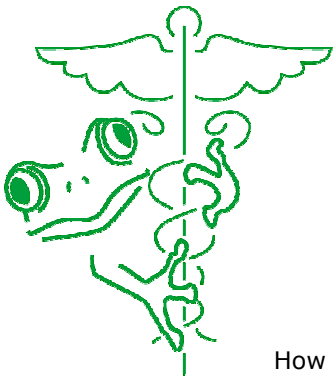
What is your rabbit's breeding history?

Does it display sexual activity?

Food

What diet do you feed? (***Please list the Brand names used***)

Indicate the **percentage** of the diet that each item occupies.



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List any supplements, vitamins, minerals, tonics, medicines, probiotics etc.
Are these given in food or in water?

How long have you fed this diet?

What was the previous diet?

What is your rabbit's favourite food?

List any problem with faecal production (eg slimy/diarrhoea/constipated/normal):
(*We recommend a twice-yearly faecal examination*)

Medical history

Who are the veterinary surgeons that have previously treated your rabbit?

List all past medical problems, including dates and medications. (Use the back of this page if insufficient space)

We recommend a *yearly Blood Screen & faecal examination* for all rabbits over 2 years of age. Has your rabbit had any blood/Faecal tests in the past &, if so, what were the results?

Describe in detail the current problem (ie why you are here today!)

How long has the current problem been present & is it getting **better/same/worse**?

Is there anything else that you think is important for us to know?

THANK YOU FOR FILLING OUT THIS DETAILED FORM!

Please note that payment is required at time of consultation

Payment Method (***Please circle***): CASH EFTPOS CREDIT CARD