

BROOK-ELLIS PET HOSPITAL

Rabbit History Questionnaire

Date _____ DOB _____

Name _____ Breed _____

Obtained From _____

How Long Ago _____

Describe Housing/Type of cage _____

Indoor/Outdoor _____

Substrate/Bedding _____

Describe Usual Diet _____

Type of pellets _____

Veggies _____

Supplements/Treats _____

Any Past Medical Problems _____

Date last ate _____

Last bowel movement _____

What will we be seeing your pet for today? _____

Additional comments/questions _____
