

Rabbit / Guinea Pig / Chinchilla PATIENT INFORMATION SHEET

Client's Name: _____ Date: _____

Rabbit ___ Guinea Pig ___ Chinchilla ___ Type: _____ Pet's Name: _____

Today's Visit: General Wellness Examination Specific Health Concerns

Please fill out this brief questionnaire to help us understand your pet's current health information. Check some boxes and fill in others.

Sex: Male Female Unknown Age: _____ Owned how long? _____

Spayed? ___ Neutered? ___ Pet obtained from: breeder ___ pet store ___ other _____

List or circle Concerns: (e.g., abnormal breathing, vocalizing, sneezing, abnormal stools, lumps/bumps, bloating, drooling, tooth grinding, eye discharge, injury, skin/ear problems, food or water consumption changes; activity change, head tilt, weight loss). Pregnancies? Y ___ N ___

Ill how long?

Describe Cage/Housing Type: (Approximate size, shape)

Cage bedding / furnishings: _____

Cage mates ___ #Males ___ #Females ___ Housing Location: _____ Housing Temperature: hi ___ low ___ Extra Heat: none ___ heat lamp ___ space heater ___ other _____

Feeding/ Digestion: Check off or list all items consumed:

Hay Products: alfalfa ___ timothy ___ orchard grass ___ alfalfa pellets ___ timothy pellets ___

Fresh Greens: collard ___ kale ___ carrot tops ___ romaine ___ iceberg ___ dandelion ___

Parsley ___ Other _____

Fruits & Vegetables: carrots ___ apple ___ Other _____

Treats/Grain: _____

Salt/trace mineral supplements: Y ___ N ___ Water: Sipper ___ Bowl ___

Top Favorite foods: 1. _____ 2. _____ 3. _____ 4. _____

% of Diet from Hay Products: 100% ___ 75% ___ 50% ___ 25% ___ Less ___

Stool consistency: normal pellets ___ tiny pellets ___ dry pellets diarrhea ___ no stools ___

Appetite: eating normally ___ decreased food intake ___ eating only certain things _____

If stopped eating, how long? _____ Still drinking water? Y ___ N ___

Past Medical Problems? 1. _____ 2. _____

Has your rabbit been tested for Pasteurella? ___ E. cuniculi? ___ Coccidia? ___

Does your chinchilla take regular dust baths? Y ___ N ___

Does your guinea pig receive daily supplements of Vitamin C? Y ___ N ___