



15021 Edwards St. Huntington Beach, CA 92647 714-898-0568

Rabbit Health History form

Date: _____

Owner last name: _____ Pet's name: _____

How long have you owned this pet? _____ Where was pet acquired from? _____

What prompted you to come today? (circle all that apply) Annual visit Nail trim Other concerns

If you circled other concerns, can you describe briefly what those concerns are? _____

Has your pet recently experienced any of the following problems? (circle all that apply)

- Grinding teeth Overgrown teeth Runny nose Drooling/Wet chin
- Coughing Sneezing Runny eye Red eye Squinting Trouble breathing
- Lethargy Reluctance to move Inability to walk Looks bloated in belly
- Lumps or bumps (where? _____) Eye bulging Swollen foot
- Limping Torn toe nail Scratching Dandruff Bugs on skin
- Shaking head Scratching at ears Holding head at a tilt Spurs on feet
- Not eating well (for how long? _____) Soft stool Smaller stool pellets
- Fewer pellets of stool Straining to urinate or have BM Weight gain
- Urinating more Drinking more than usual Weight loss Wounds
- Emergency room visits (what for? _____) Pain of any kind

Other signs not listed here: please specify _____

What medications, if any, is your pet currently taking? Critical Care formula Vitamins

Other (please list with doses if possible): _____

What is your pet eating?

- Pellets (Brand and amount per day):
- Hay (Brand, type of hay, amount per day):
- Vegetables (types and amount per day):
- Other food stuffs: (please specify):

Are there other pets housed with this one? Yes or No. If Yes, How many?

Is there anything else you want the doctor to know or want to talk with the doctor about?