



**UNIVERSITY ANIMAL CLINIC**

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**Rabbit & Rodent**

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.

**Patient information: Species:** \_\_\_\_\_

Gender: Male  Female  Unknown

Spayed/ Neutered Yes  No  Unknown

Date of birth: \_\_\_\_\_

Date acquired and source (pet store, breeder and previous owner): \_\_\_\_\_

Number of previous owners (other than the breeder or store): \_\_\_\_\_

What states and countries has your pet lived in? \_\_\_\_\_

**Environment**

Is the animal kept in doors 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? Yes  No

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: \_\_\_\_\_

## **Diet**

What amount of your pet's diet consist of the following (please describe what 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? Yes  No

Is the food or water supplemented with vitamins? Yes  No

Brand and frequency? \_\_\_\_\_

Please describe any recent change to your pet's diet? \_\_\_\_\_

## Reproductive

Has this pet been bred before? Yes  No  If yes how, many times? \_\_\_\_\_

When was it last bred? \_\_\_\_\_

What was the size of all previous litter(s)? \_\_\_\_\_

Was the litter healthy? Yes  No

Do you plan on breeding this pet in the future? Yes  No

Is your pet here for a wellness check-up \_\_\_ or is it sick \_\_\_ (please check one)?

If your pet is sick, please describe the signs and how long your pet has been showing these signs: \_\_\_\_\_

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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: Yes  No

Weight gain: Yes  No

Discharge from the eyes or nose: Yes  No

Increased breathing rate or effort: Yes  No

A change in the droppings: Yes  No

Increase in thirst: Yes  No

General weakness: Yes  No

**Please describe:** \_\_\_\_\_

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**Previous Conditions**

Has your pet had any previous conditions, operations or problems (including dental or gastrointestinal problems)? Yes  No

Please List: \_\_\_\_\_

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**Miscellaneous**

Is your pet currently on any medications? Yes  No

Please list: \_\_\_\_\_

Has your pet been on any medications in the past? Yes  No

Please list: \_\_\_\_\_

**Is there anything else you would like done today?** Yes  No

Nail trim, etc.? \_\_\_\_\_

**Do you have any questions or need additional information?** Yes  No

Please list: \_\_\_\_\_

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