



HISTORY FORM

Patient Name: _____ Owner: _____ Date: _____

Breed/Type: _____ Primary Color: _____

- How long have you owned this pet? _____
- Where did you obtain this pet? (Pet Store, Breeder, Friend)
 - _____
- Do you have other rabbits? If yes are they cagemates/housemates? Are they healthy?
 - _____
- Please describe:
 - Housing: _____
 - Bedding/Furniture/toys: _____
- Describe typical diet (include brand-name if available):
 - _____
- List any medications, insecticides or nutritional supplements (vitamins/minerals used):
 - _____
- Describe previous medical problems/treatments:
 - _____
 - _____

Does your pet:

- ___ YES ___ NO Have External parasites? If yes, please describe _____
- ___ YES ___ NO Go outside? If yes, where? _____
- ___ YES ___ NO Travel, board or attend shows? If yes, where? _____
- ___ YES ___ NO Roam the house? If yes, where? _____
- ___ YES ___ NO Chew on things (blinds, window sills, toys, etc)? _____
- ___ YES ___ NO Have exposure to toxins (2nd hand smoke, high cage ammonia levels, pesticides, other)? _____

Comments or Questions? _____

Thank you for choosing Westgate Pet and Bird Hospital