



**Rabbit, Guinea Pig, and Chinchilla History Form**

Client Name \_\_\_\_\_ Email \_\_\_\_\_ Date \_\_\_\_\_

**Patient Information**

Pet's Name \_\_\_\_\_ Species \_\_\_\_\_ Breed \_\_\_\_\_

Sex \_\_\_\_ Male \_\_\_\_ Female \_\_\_\_ Unknown Spayed/Neutered? \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ Unknown

If no, do you plan to breed your pet? \_\_\_\_ Yes \_\_\_\_ No

If no, do you plan to spay or neuter your pet? \_\_\_\_ Yes \_\_\_\_ No

Date of birth \_\_\_\_\_ How long have you had this pet? \_\_\_\_\_

Where did you get your pet? \_\_\_\_ Pet Store \_\_\_\_ Breeder \_\_\_\_ Friend \_\_\_\_ Shelter \_\_\_\_ Other: \_\_\_\_\_

**Environment**

Is your rabbit/guinea pig/chinchilla kept indoors or outdoors? \_\_\_\_\_

Describe the enclosure - flooring, size, and materials. \_\_\_\_\_

What material is used to line the bottom of the cage? \_\_\_\_\_

What is the average temperature of the enclosure? \_\_\_\_\_ How many pets are in this enclosure? \_\_\_\_\_

How much time is your pet permitted outside the enclosure? \_\_\_\_\_

Does your pet use a litter box? \_\_\_\_ Yes \_\_\_\_ No If yes, what type of litter is used? \_\_\_\_\_

Does your pet chew on carpet or other objects/materials when outside of the cage? \_\_\_\_ Yes \_\_\_\_ No

If yes, what type of objects? \_\_\_\_\_

How often do you clean your pet's cage? \_\_\_\_\_

**Diet**

Please list all the foods your pet eats, including treats. (Please be as specific as possible.):

\_\_\_\_\_

Please list any vitamin supplements you give your pets: \_\_\_\_\_

How often does your pet get vitamin supplements? \_\_\_\_\_

How do you give supplements? \_\_\_\_ In food \_\_\_\_ In water \_\_\_\_ By itself

**Previous Veterinary Care**

Has your pet received veterinary care at another clinic? \_\_\_\_\_

Has your pet had previous medical problems? \_\_\_\_\_

When was the last time a fecal (poop) sample was checked on your pet?

Less than 1 year  Over 1 year  Never

Has your pet ever been treated for external parasites?  Yes  No

### **Today's Visit**

Is your pet sick today?  Yes  No

If yes, please check what symptoms your pet has:

Diarrhea  Overgrown teeth  Scratching  Not eating  Not defecating  Head tilt  
 Runny nose  Eye discharge  Lameness  Trouble breathing  Other: \_\_\_\_\_

How long has your pet been showing these signs? \_\_\_\_\_

Is there anything else you are interested in having done today?  Nail Trim  Flea Control  Grooming

I have a question about: \_\_\_\_\_