



# EXOTIC COMPANION Rabbit Registration

Primary Caregiver's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Rabbit's Name: \_\_\_\_\_

## Pet Details

Species/Breed/Variety: \_\_\_\_\_ I.D. Type: \_\_\_\_\_ I.D. No. \_\_\_\_\_ D.O.B: \_\_\_\_\_

Sex: M \_\_\_ F \_\_\_ Neutered or Spayed: \_\_\_\_\_ If Yes, When? \_\_\_\_\_ At What Age: \_\_\_\_\_ Color: \_\_\_\_\_

Weight: \_\_\_\_\_ Length of Time in Household: \_\_\_\_\_ Females Only: How Many Litters: \_\_\_\_\_

When was last litter: \_\_\_\_\_ Odd Behaviors: \_\_\_\_\_

## Housing

Does the Rabbit have access to the entire house? \_\_\_\_\_ Yard? \_\_\_\_\_ Exercise Pen? \_\_\_\_\_

Rabbit lives primarily in: Hutch? \_\_\_\_\_ Size: \_\_\_\_\_ x \_\_\_\_\_ x \_\_\_\_\_ Bedding? \_\_\_\_\_

Other Special quarters? \_\_\_\_\_ Indoor Cage: \_\_\_\_\_ Size: \_\_\_\_\_ x \_\_\_\_\_ x \_\_\_\_\_

Temperature in enclosure: Day? \_\_\_\_\_ Night? \_\_\_\_\_ Litter Box Trained? \_\_\_\_\_ Leashed Trained? \_\_\_\_\_

## Diet/Feeding

Rabbit's Diet: Alfalfa \_\_\_\_\_% Rabbit Pellets \_\_\_\_\_% Brand: \_\_\_\_\_

Timothy Hay \_\_\_\_\_% Fresh Produce \_\_\_\_\_% What kind & how often: \_\_\_\_\_

Table Foods \_\_\_\_\_% Types: \_\_\_\_\_

## History

Please list briefly any previous health problems, including when they were noticed and how they were resolved: \_\_\_\_\_

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Adverse Reaction to Medications? \_\_\_\_\_

What is the appearance of the Rabbit's bowel movements? \_\_\_\_\_

Date of last fecal parasite test? \_\_\_\_\_ Results? \_\_\_\_\_

Reason for today's visit? \_\_\_\_\_

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