



Rabbit Annual Questionnaire

Owner's Name _____ Date _____

Address _____ Postal Code _____

Phone numbers (home) _____ (cell) _____ (work) _____

E-mail _____

Emerg. Contact(other than immediate family): _____ ph: _____

Pet's Name _____ Breed _____ Colour _____

Sex _____ Neutered Spayed Age or Birthday _____

1. How did you acquire your rabbit _____

2. What type of food do you feed your rabbit and how much do you feed? _____

- Timothy hay _____ % of diet Alfalfa hay _____ % of diet Timothy pellets _____ cup/day
 Alfalfa pellets _____ cup/day Fruits & Vegetables _____ cup/day Other _____

3. Does your rabbit drink from a bottle or a bowl? _____

4. Does your rabbit use a litter box? YES NO

5. What do you use for litter? _____

6. How often do you clean your rabbit's cage? _____

7. What do you use for bedding? _____

8. How much time does your rabbit spend in its cage or does he/she have their own room to run in? _____

9. Does your rabbit go outside? How much time is spent outside? _____

10. Do you groom your rabbit (i.e. trim nails, brush fur)? How often? _____

11. Does your rabbit have any contact with other pets/animals inside or outside of the home? YES NO

12. Has your rabbit been to a veterinarian before? YES NO

If yes, when/where? _____

13. Does your rabbit chew on things that he/she should not chew on? _____

14. Has your rabbit ever had their teeth trimmed? YES NO

If yes, when/where? _____

15. Has your rabbit had any wet, clumped fecal matter? How often do you notice it? _____

16. Have you noticed any of the following:

- Scratching Flakey skin Teeth grinding Lumps or bumps Runny eyes/nose
 Changes in urine or fecal production Sneezing and/or coughing Changes in behaviour
 Changes in eating and or drinking habits Size of fecal balls

Do you have any other questions or concerns? _____