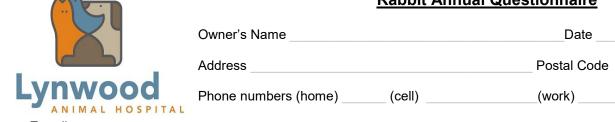
Rabbit Annual Questionnaire



	Address		Postal Co	de	
YNWOOD ANIMAL HOSPITAL E-mail	Phone numbers (home)	(cell)	(work)		
Emerg. Contact(other than i	mmediate family):		ph:		
Pet's Name	's Name Breed		Colour		
Sex □ Neute	ered □ Spayed Age or E	Birthday			
1. How did you acquire yo	our rabbit				
2. What type of food do yo	ou feed your rabbit and how	much do you	feed?		
□ Timothy hay	% of diet □ Alfalfa ha	ıy	% of diet □ Timothy p	oellets	cup/day
□ Alfalfa pellets	cup/day □ Fruits & Ve	getables	cup/day □ Othe	er	
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 litt	ter?				
6. How often do you clear	n your rabbit's cage?				
7. What do you use for be	edding?				
8. How much time does y	our rabbit spend in its cage o	or does he/sh	ne have their own room to r	un in?	
9. Does your rabbit go ou	tside? How much time is spe	ent outside?			
10. Do you groom your rab	obit (i.e. trim nails, brush fur)?	? How often?			
11. Does your rabbit have	any contact with other pets/a	ınimals inside	e or outside of the home?	□YES	□NO
12. Has your rabbit been to	o a veterinarian before?	□YES	□NO		
If yes, when/where?	,				
•	on things that he/she should				
14. Has your rabbit ever ha		□YES	□NO		
•	?				
-	y wet, clumped fecal matter?				
-		now often c	do you notice it?		
16. Have you noticed any o	of the following:				
□ Changes in urine	□ Flakey skin □ Teeth gri e or fecal production □ S g and or drinking habits	Sneezing and	/or coughing □ Change	nny eyes/nose es in behaviour	

Do you have any other questions or concerns?