



The Animals' Hospital of Levittown

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Levittown, PA. 19057

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Rabbit/Rodent Intake Form

Date: _____

Instructions: An accurate history of your pet is extremely important. We would appreciate your cooperation in providing us with the following information. Please check the appropriate boxes or use the spaces provided. Thank you.

1. Patient information. Species: _____

Gender: Male ____ Female ____ Unknown ____ Spayed/Neutered (Y, N or unknown) _____

Date of birth _____ Date acquired and source (pet store, breeder, previous owner):

Number of previous owners (other than breeder, store) _____

What states and countries has your pet lived in? _____

2. Environment Is the animal kept indoors or outdoors? _____

Describe the cage enclosure – type, size, objects in the cage (dust baths, toys, etc.)

What material is used to line the bottom of the cage/litter pan?

Is the animal kept in a cage with other animals (Y or N)? ____ If you answered yes to the previous question, how many cage-mates are there? What sex are the cage-mates? Are the cage-mates spayed/neutered?

Please list all other pets in the household. _____

Have there been any new pets (within the past six months) placed in this animal's cage?

How much time does your pet spend outside of the cage? Is your pet supervised when it is out of the cage? __ at all times __ sometimes __ no Does your pet chew on carpet or other



objects/materials when outside of the cage?

List recent changes in the environment, if any: _____

3. Diet What amount of your pet's diet consists of the following (please describe what the animal actually eats, not what is offered):

Amount of Hay (Timothy, Alfalfa, etc.) _____

Amount of Pellets (Timothy, Alfalfa, etc.): _____

Amount of Seeds (type/brand): _____

Amount of Vegetables (types) _____

Amount of Fruits (types): _____

Other _____

Amount and type: _____

How often do you change your pet's food? What (if any) treats do you give your pet (brand and amount)? Do you supplement your pet with any vitamins? Is the food or water supplemented with vitamins? Brand and frequency? _____

Please describe any recent change to your pet's diet. _____

4. Reproductive Has this pet been bred before? If yes, how many times?

When was it last bred? _____

What was the size of all previous litter(s)? Was the litter healthy?

_____ Do
you plan on breeding this pet in the future? _____

5. Is your pet here for a well pet check-up ____ or is it sick ____ (check one)? If your pet is sick, please describe the signs and how long your pet has been showing these signs:

Is your pet's activity level normal ____, decreased ____, or increased ____?

Is your pet's appetite normal ____, decreased ____, or increased ____?

Have you noticed any of the following?

weight loss ____

weight gain ____

discharge from the eyes or nose ____



increased breathing rate or effort ___
a change in the droppings ___
an increased or decreased thirst ___
weakness___

6. Previous Conditions: Has your pet had any previous conditions, operations or problems (including dental or gastrointestinal problems)?

7. Miscellaneous Is your pet currently on any medications?

_____ Has
your pet been on any medications recently? If yes, please list them. _____

8. Is there anything else you would like done today?

Nail trim ___

Have questions about: _____

Other: _____