

Rabbit / Guinea Pig Husbandry Questionnaire

Patients Name: _____ Date: _____
Species: _____ Client Name: _____
Age: _____ Sex: _____ Is your pet spayed/neutered: _____
Date you acquired your pet: _____
Where did you get your pet from: _____
Any other pets at home: _____

Husbandry:

Describe cage/enclosure: _____

What substrate (bedding) is in the cage: _____
How much time does animal get out of the cage: _____

Diet:

Hay (type, amount daily): _____
Pellets (type, amount daily): _____
Vegetables (type & amount): _____

Fruit (type & amount daily): _____

Treats (type & amount daily): _____

Any medications or supplements: _____

General:

Normal Appetite (if no, explain)? _____

Normal Water Consumption (if no, explain)? _____
Normal Urine Output (if no, explain) _____
Normal Bowel Movements (if no, explain) _____

Is there any drooling / sneezing / respiratory concerns / nasal discharge / runny eyes / ear issues / lumps (if yes, explain)?

Any other concerns? _____

