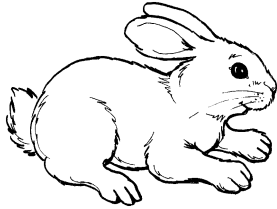


SHERIDAN ANIMAL HOSPITAL

2288 Sheridan Drive ♦ Buffalo, New York 14223 ♦ (716) 833-2255

www.sheridananimalhospital.com

RABBIT/RODENT HISTORY INFORMATION SHEET



Date: _____

PET'S NAME: _____

OWNER'S NAME: _____

1. How were you referred to us? _____
2. Where did you obtain your pet? _____
3. How long have you had your pet? _____
4. What type/size housing is your pet in? _____
5. What type of bedding do you use? _____
6. How often do you clean your pet's cage? _____
7. Is your pet housed alone? _____ If no, what other animal(s) share the housing? _____
8. What other types of pets do you have? _____
9. How often is your pet handled? _____
10. Is your pet allowed out of its cage for exercise? (indoors) _____ (outdoors) _____
11. What does your pet eat?

seed mix	pellets
fresh vegetables	fruit
hairball preventative	vitamin C supplement
Alfalfa	other vitamin/mineral
Timothy	treats (describe) _____
12. Does your pet have access to fresh water at all times? _____
13. Do you provide chewing/gnawing materials? (describe) _____
14. Has your pet had any previous health problems? (please describe)

15. Are there any specific husbandry, health or behavior problems you wish to discuss today?

