

RABBIT DROP OFF QUESTIONNAIRE

Date _____ Pet Name _____ Owner Name _____

Reason for visit (please thoroughly describe symptoms)

How long have you had this rabbit? _____

How long have these symptoms been present? _____

Have the symptoms Improved Worsened No change

Have these symptoms occurred in the past? Yes No

(If yes please explain) _____

Has this bunny had any recent diet changes? Yes No

(If yes please explain) _____

Has this bunny had any change in bowel movements/urination/appetite/water consumption/energy level? (If yes to any please explain)

Have any medications been given? (If so please list)

Do you have medications at home? Indicate any refills needed _____

Is this bunny housed with any other bunnies that are sick or have health issues? Yes No

(If yes please explain) _____

Please indicate any other information you would like the doctor to be aware of

If your pet appears to be ill, diagnostic tests (blood profile, urinalysis, radiographs, ultrasound) may be necessary before treatment is started.

IF YOU WISH TO BE CONTACTED BEFORE ANY DIAGNOSTIC TESTS ARE PERFORMED, PLEASE BE AVAILABLE FOR A PHONE CALL SINCE OUR INABILITY TO REACH YOU MAY DELAY YOUR PET'S TREATMENT.

_____ I AUTHORIZE DIAGNOSTIC TESTS AND TREATMENT TO BE STARTED

_____ I WISH TO BE CONTACTED BEFORE ANY DIAGNOSITC TESTS

_____ I AUTHORIZE UP TO \$ _____, BUT ABOVE THAT I WOULD LIKE A CALL FIRST

Signature _____ Phone number to reach you today _____