



Rabbit/Rodent New Patient History

*New Client Information

Name of owner(s): _____ Date: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Emergency Contact: _____ Phone: _____

Email address: _____ How did you hear about our practice? _____

Reason for visit: _____

*Pet Information

Pet's Name: _____ Species: _____ Breed: _____

Date acquired: _____ Color: _____ Age/DOB: _____

Sex (circle all that apply): Male Female Unknown Neutered/Spayed (circle): Yes No

Where was your pet obtained?: _____

Current medications (if any): _____ Allergies: _____

Do you give your pet any vitamins or supplements, if so, please list.: _____

Any other pets in household? (please list): _____

*Diet

Pelleted food and Hay (Brand name, type and daily amount): _____

Does the pelleted food contain nuts, seeds, etc.? (please list): _____

Fruits and vegetables (please list type and daily amount): _____

Please list any "table foods" and treats fed and daily amount: _____

How is water offered (circle all that apply): Bowl Bottle Tap water Bottled water Filtered water

*Housing and Environment

Where is your pet housed (circle)?: Indoors Outdoors Where is cage located? _____

What type/size of cage is used (e.g. plastic/wire floor cage, exercise pen, etc.)?: _____

How much time does your pet spend in and out of cage each day?: _____



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What type of bedding does your pet have (circle)?: Cedar shavings Pine shavings Aspen shavings Litter
None Other_____

Is your pet litter box trained (circle)?: No Yes, what kind of litter is used?:_____

How often is your pet's cage and litter box cleaned?:_____

What is used to clean your pet's cage and litter box?:_____

What kinds of toys does your pet play with?:_____

Is your pet housed together with other rabbits or rodents (circle)?: No Yes, please list:_____

*Previous Medical History

Has your pet had any previously diagnosed illnesses (circle)?: No Yes, please describe_____

Has your pet had any laboratory tests performed, if yes, please list?:_____

*Authorization: I hereby authorize the veterinarian to examine, prescribe for, for treat the above patient. I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit of the estimate cost will be required for surgical treatment.

****Payment for all services are due at the time of the visit****

****We accept Visa, Mastercard, Discover, American Express, Care Credit, and Cash****

****PERSONAL CHECKS ARE NOT ACCEPTED AT FIRST VISIT****

****City Creatures Animal Hospital utilizes social media as a business form of marketing and as an educational resource for pet owners. Within the context of promoting the business, we would like to use images, videos, and/or information regarding your pet's health condition. If you do not wish to participate simply check the box below and initial.****

Opt Out

Signature of Owner:_____ Date:_____