Rabbit/Small Mammal History Form
How long has he/she been in your care?
Where is he/she originally from?
Sex if known?
Other in-contact pets?
Enclosure size and type:
Substrate:
In the enclosure? (substrate, toys, hides, litterboxes, dishes, chews)
Grooming? (bathing/brushing/nail trims)
Outside time?
DIET:
- Commercial pellets?
Brand:
Amount offered:
Approximately what % of total diet is pellets?
Approximate amount actually eaten daily:
- Rabbits: Hay?
Brand:
Amount offered:
Approximately what % of total diet is hay?
Approximate amount actually eaten daily:
- Fresh foods?

Kind:		
Amount offered:		
Approximately what % of total diet is fresh foods?		
Approximate amount actually eaten daily:		
Supplements:		
Water supplied from: How often changed?		
How often is he/she handled? Temperament?		
Any changes in husbandry/environment since last seen by vet?		
Appetite/drinking normal?		
Any sneezing/coughing/wheezing/discharge from the eyes or nose?		
Licking/chewing/itching?		
Normal energy level?		
Any changes in mobility?		
Skin/fur normal?		
Feces and caecotrophs normal?		
Any diarrhea?		
Behaviour normal?		
Current concerns (when first noticed, progression/duration, treatments tried):		
Current medications:		
Previous health issues:		
Previous medications:		

Reptile History Form			
How long in your care? Age?			
Where sourced from? (breeder, pet store)			
Captive bred?			
Other in-contact reptiles?			
Other in-contact pets?			
Enclosure size and type:			
Substrate:			
Hides:			
Other furnishings:			
Cleaning schedule and method:			
Heat mat? Y/N Size/location:			
Heat bulb? Y/N Type/location:			
UV lighting? Y/N Type (UVA/UVB and spectrum)/location: Date last changed:			
Other lighting:			
Other heating:			
Thermometer? Y/N Type/location:			
Thermostat? Y/N			
Temperature range - warm end: ; cool end: ; basking area:			
Hygrometer? Y/N Type/location: Humidity readings:			
Diet:			
How often fed?			
Feeding procedure:			

Where food sourced from?	
Supplements?	
How is water supplied?	How often is water changed?
Shedding schedule?	
Misting/bathing?	
Feces/urates - any changes?	
Handling - describe:	
Current concerns:	
Current medications:	
Previous health issues:	
Previous medications:	