

Madison Avenue Veterinary Clinic

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Rabbit and Rodent Questionnaire

Pet's name _____ Date _____

Pet's gender _____ Spayed/Neutered? _____ DOB _____

What type of animal did you bring in? _____

Are you housing this animal with any other animals? _____

What type/gender? _____

How many? _____

What type of cage do you have? _____

Is the cage indoors or outdoors? _____

How big is the cage? _____

What type of bottom does it have (solid/wire)? _____

What type of substrate (bedding) are you using? _____

Does your pet use a litter box? _____

What type of pellets are you feeding (Rabbit/Guinea Pig/etc)? _____

Timothy or Alfalfa? _____

How much/often are you feeding pellets? _____

Is there anything mixed in with the pellets (oats, dried carrot, etc.) _____

What type of hay are you feeding (Timothy/Alfalfa/Other)? _____

How much? _____

What other foods are you feeding (Fruits/Veggies)? _____

How much? _____

Are you using any supplements? _____

What type? How often? _____

How is water provided (bowl/bottle)? _____

How often are you cleaning the enclosure? _____

What type of disinfectant are you using? _____

Are you providing toys? _____

If so, what kind/how many? _____

Past medical conditions? _____