



Shelter # <u>A</u>

For Staff Use

Animal's Name:	Age:	Sex:
Breed/Type:	Colour:	
ID <input type="checkbox"/> Tattoo & Location _____		<input type="checkbox"/> Microchip # _____

INCOMING RABBIT HISTORY SHEET

Please check all that apply

My Rabbit

Name: _____ Age: _____

Gender: Male Female Status: In heat Pregnant Nursing

Altered: Neutered Spayed Not sure

Past or present medical conditions: Yes No

If yes, what are they? _____

Currently on medications (please specify)? _____

Currently on a special diet (please specify)? _____

Name of the veterinary clinic: _____

History

Time caring for my rabbit: ____ years ____ months

My rabbit has had other owners: Yes No

My rabbit was acquired from: Ottawa Humane Society Found/Stray Pet Store

Friend/Relative Online

Placement group – Name of group? _____

Other animal shelter – Name of shelter? _____

Breeder – Name of breeder? _____

Other: _____

My rabbit has had previous owners: Yes No

My rabbit has bitten a person to draw blood: Yes No

If yes, please provide details: _____



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Reason for Surrender

- Moving (unable to bring rabbit)
- Cost of having a pet
- Pet is ill/injured
- Unable to dedicate necessary time
- Aggressive
- Too many animals
- Behaviour issue (please specify): _____
- Other (please specify): _____

Environment

- My rabbit has had contact with other rabbits: Yes No
- If so, what were the sexes of the other rabbits?* Male Female Unknown
- Did they get along? Yes No
- My rabbit has lived with other pets: Yes No
- If yes, what breeds and did they get along?* _____
- My rabbit has lived with children: Yes No
- If yes, what ages?* _____
- My rabbit's behavior to children is: Not exposed Accustomed to active children
- Accustomed to calm children Avoids children
- My rabbit's living environment in the home is: A cage Free run An outdoor hutch
- An exercise pen Other: _____
- If free run, is your rabbit caged at night or when you are away? Yes No
- If caged, how often was your rabbit let out for exercise?
- Daily 2 – 4 times a week Once a week Very occasionally Never

Diet

- My rabbit was fed fruit and vegetables: Yes No
- If yes, what types?* _____
- My rabbit eats: _____ Brand: _____
- My rabbit was fed the following times daily: Once Twice Three or more
- My rabbit was fed the following amount daily: _____
- My rabbit prefers to drink water with a: Cage Bottle Bowl



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Litter Habits

My rabbit is litter trained: Yes No Never tried

If yes, what type of litter? _____

My rabbit goes to the bathroom when let out of their cage? No (holds it until returned to cage)

Yes Occasionally

If so, is it just droppings, urine or both? _____

How often was the cage/litter cleaned? Daily Twice a week Once a week Longer

Behaviour

My rabbit's behavior is: Friendly Calm/Relaxed Playful/Active

Social Shy/Timid Nervous Quiet

Other (please specify): _____

My rabbit's reaction to nail trims: Enjoys Fearful Never Done

My rabbit's reaction to grooming: Enjoys Fearful Never Done

My rabbit likes to be picked up: Yes No

My rabbit likes to be held: Yes No

If no, explain: _____

My rabbit likes to be petted: Yes No

My rabbit seeks out my attention: Yes No

If so, how does your rabbit do this? _____

My rabbit has the following special/unique habits: _____

Please feel free to tell us any additional helpful information (favorite toys/games/treats, bad habits, etc.):

Thank you for completing this questionnaire!

We know that giving up your pet is not an easy decision and we promise to do our best.