



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

Your Rabbit

My rabbit's name is: _____

My rabbit's gender is: Male Female In heat Pregnant Nursing

My rabbit is: Neutered Spayed Not sure

My rabbit has been to the vet: No Yes

If yes, please provided the name of the veterinary clinic: _____

My rabbit has medical issues: Yes No

If yes, please explain: _____

History

How long have you cared for your rabbit? _____ years _____ months

Your rabbit was acquired from: Pet store Breeder Home bred Online

Ottawa Humane Society 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: _____

Reason for Surrender

Allergies Too many Moving Vocal Aggressive Too messy

Cost Other _____

Environment

My rabbit has had contact with other rabbits: Yes No

If so, what where the sexes of the other rabbits? Male Female Unknown

Did they get along? Yes No



Shelter # A

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

Was your rabbit 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

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 _____

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

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



Shelter # A

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 likes the following toys: _____

My rabbit has the following special/unique habits: _____

Is there anything else you can share about your rabbit? _____

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.