



Webster Groves Animal Hospital

Rabbit, Guinea Pig and Chinchilla Health Questionnaire



Please fill out this Rabbit, Guinea Pig and Chinchilla Health Questionnaire. With your help, we can discover problems early while they can be handled more effectively and less expensively. Together, we can keep your pet's life happy and healthy.

Pet's Name: _____ Owner's Name: _____ Home Phone Number: _____

Species: _____ Age: _____ Sex: Male Female Unknown Microchip: YES NO

Reason For Visit: Annual Health Care New Pet Exam Sick Pet General Exam/Consultation Date: _____

Current Health History

Have you noticed any of the following:

Decreased appetite	<input type="checkbox"/> YES <input type="checkbox"/> NO	Increased appetite	<input type="checkbox"/> YES <input type="checkbox"/> NO	Difficulty eating	<input type="checkbox"/> YES <input type="checkbox"/> NO
Decreased drinking	<input type="checkbox"/> YES <input type="checkbox"/> NO	Increased drinking	<input type="checkbox"/> YES <input type="checkbox"/> NO	Teeth problems	<input type="checkbox"/> YES <input type="checkbox"/> NO
Decreased defecation	<input type="checkbox"/> YES <input type="checkbox"/> NO	Increased defecation	<input type="checkbox"/> YES <input type="checkbox"/> NO	Diarrhea	<input type="checkbox"/> YES <input type="checkbox"/> NO
Decreased urination	<input type="checkbox"/> YES <input type="checkbox"/> NO	Increased urination	<input type="checkbox"/> YES <input type="checkbox"/> NO	Difficulty urinating	<input type="checkbox"/> YES <input type="checkbox"/> NO
Decreased activity	<input type="checkbox"/> YES <input type="checkbox"/> NO	Increased activity	<input type="checkbox"/> YES <input type="checkbox"/> NO	Breathing problems	<input type="checkbox"/> YES <input type="checkbox"/> NO
Decreased grooming	<input type="checkbox"/> YES <input type="checkbox"/> NO	Increased grooming	<input type="checkbox"/> YES <input type="checkbox"/> NO	Nasal discharge	<input type="checkbox"/> YES <input type="checkbox"/> NO
Decreased sleeping	<input type="checkbox"/> YES <input type="checkbox"/> NO	Increased sleeping	<input type="checkbox"/> YES <input type="checkbox"/> NO	Sneezing	<input type="checkbox"/> YES <input type="checkbox"/> NO
Behavioral changes	<input type="checkbox"/> YES <input type="checkbox"/> NO	Hair loss	<input type="checkbox"/> YES <input type="checkbox"/> NO	Eye problems	<input type="checkbox"/> YES <input type="checkbox"/> NO
Lumps or swellings	<input type="checkbox"/> YES <input type="checkbox"/> NO	Itching	<input type="checkbox"/> YES <input type="checkbox"/> NO	Weight loss	<input type="checkbox"/> YES <input type="checkbox"/> NO

If "YES" to any of the above, please explain and include when changes occurred:

A. History

When did you acquire your pet? _____ Has your pet had prior health problems? YES NO

Where did you acquire your pet? _____ Describe: _____

Breeder Pet store Private owner Other
 Friend Rescue Internet seller

Name of Source (Breeder/Business/Group) _____ What tests/x-rays/etc. previously performed: _____

Is this your first pet Rabbit/G.P./Chinchilla? YES NO Any current medications? YES NO

Describe: _____

For Rabbits only: Are there other Rabbit/G.P./Chinchillas in your home? YES NO

How many? _____

Has your Rabbit ever been diagnosed with or tested for: How long have you had them? _____

Pasturella YES NO Do they have any past or present health issues? YES NO

Encephalitozoon cuniculi YES NO Are any of them new or recent Rabbit/G.P./Chinchillas? YES NO

Continued on Reverse

B. Diet

What is the primary diet of your Rabbit/G.P./Chinchilla?

- Rabbit pellets Alfalfa hay Chinchilla pellets
 Guinea Pig pellets Timothy hay Other: _____

Do you provide fresh Timothy hay at all times? YES NO

Do you provide Vitamin-C for your Guinea Pig? YES NO

How? _____

What brand(s) of food do you feed your pet? _____

Do you provide supplements (vitamins, probiotics, etc.)? YES NO

What is your feeding schedule for your pet?

- Free choice (always available) Twice daily portions
 Three or more daily portions

Do you offer your Rabbit/G.P./Chinchilla anything besides the staple diet? YES NO

Describe: _____

C. Husbandry

Is your Rabbit/G.P./Chinchilla a:

- Companion pet only Show/Demonstration/Education
 Breeder Service animal

If a breeder please provide the following

Date of last mating? _____

Date of last litter? _____

Describe: _____

Does your Rabbit/G.P./Chinchilla require incisor/molar trims? YES NO

Do you keep nails trimmed? YES NO

Have you "rabbit" proofed" your home? YES NO

Do you provide toys for your Rabbit/G.P./Chinchilla? YES NO

Is your Rabbit litterbox trained? YES NO

Do you use any supplemental Full Spectrum Lighting? YES NO

What type of litter do you use? _____

Describe: _____

Does your Rabbit stay caged when you are not home? YES NO

Is your Rabbit caged at night? YES NO

- Type of cage Multi-level One level Custom made
 Fixed wall Collapsible

How many hours does your Rabbit have of darkness each day?

(no lights, TV, computer screen, window light, etc.)

- 8-9 hours 10-12 hours 12-14 hours

Size _____

Does your Rabbit/G.P./Chinchilla ever go outside? YES NO

How consistent is the quiet, dark time (photoperiod)?

- If "Yes": In cage Out of cage
 Supervised Unsupervised

Regular (every night is the same) Varies by season

Random (some nights more, some less, no pattern)

Does your pet ever visit other Rabbit/G.P./Chinchillas? YES NO

Irregular (may vary day to day or week to week, but consistent over long time)

Do you ever board your Rabbit/G.P./Chinchilla? YES NO

Are there other pets in your home? YES NO

Where? _____

What are they? _____

How often do you clean the cage?

What do you use to clean? _____

- Daily Weekly < Weekly

Thank you for taking the time to complete this questionnaire. Please feel free to ask any questions about the topics on this form during your pet's exam.



WEBSTER GROVES
ANIMAL HOSPITAL
Caring for Pets