

Paws & Claws Veterinary Hospital

3819 Bradfordville Road * Tallahassee, FL * 32309 * (850) 906-0444



New Client Information:

ACCOUNT NUMBER: _____

DATE: _____

Mr. Ms. Mrs.	First Name:		Last Name:	
Address:			City:	
State:	Zip Code:	Driver's License #: (Req'd for Check Payments)		Spouse/Co-Owner's Name:
Home Phone Number:	Cell Phone Number:	Work Phone Number:		Email:

Name of Rabbit: _____	Breed: _____	Sex: _____	Age: _____	Pet Rabbit/Breeder
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Background Information:

Length of time owned: _____ Where acquired? Breeder ☐ Pet Store ☐ Other _____
How often is rabbit handled? Daily ☐ Occasionally ☐ Never ☐ Character of Feces _____

Husbandry:

Housed Indoors/Outdoors? _____ Is rabbit allowed to roam free in the house? Yes ☐ No ☐
Where is cage located? _____
Type of Caging: _____ Galvanized? Yes ☐ No ☐
Size of Caging _____
Cage Substrate? _____ How often is caged cleaned? _____
What type of disinfectant is used when cleaning cage? _____

Nutrition:

Type of food offered:
--Pellets? No ☐ Yes ☐ If yes, what brand? _____ Amount fed/frequency: _____
--Hay? No ☐ Yes ☐ If yes, what type? _____ Amount fed/frequency: _____
--Supplements offered and frequency?(i.e. fresh grass, carrots, lettuce, etc...) _____
Water source? _____ How often is water changed? _____
Any other pets? No ☐ Yes ☐ If yes, specify _____ Do other pets interact with rabbit? Y/N
Any other rabbits? No ☐ Yes ☐ Specify _____
Are rabbits housed together or singly? _____ If not housed together, where are the other rabbits located? _____
Any new additions to the rabbit population? No ☐ Yes ☐ If yes, specify _____

Past Medical History/Problems: