



Shelter # <u>A</u>
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**Animal Information: 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.