



681 Stewart Blvd.
Brockville ON
K6V 5T4
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Email: info@brockvillevet.ca

Rabbit Intake Form

Owner Info:

Owner name: _____
Address: _____
Email: _____

Phone number: _____
Best method of contact: _____

Pet Info

Pet Name: _____
Age: _____
Birthday (if known, if unknown "gotcha" day): _____
Any other animals in the house/ cage mates: _____

Sex (spayed/neutered): _____
When did you acquire this pet? _____

Enclosure

Dimensions: _____
House temperature: _____
Hours of light: _____
Cage items: _____
Cleaning schedule/products: _____

Type of bedding: _____
Type of litter (if used): _____

Diet (what and % of diet/ how often)

Type of hay/amount: _____
Pellets/amount: _____
Vegetables/ Fruit, how often: _____
Supplements/ frequency _____
Water is changed: _____

Presenting complaint

What is going on? _____
When did it start? _____
Other concerns: _____