



Rabbit, Guinea Pig or Chinchilla Information

Owner's Last Name _____ First _____

Patient's Name _____ Age/Birthday _____

Species _____ Breed _____

Sex: Male Female Spayed/Neutered? Yes No Microchipped? Yes No

How long have you owned your pet? _____

Is your pet primarily indoors or outdoors? _____

What type of cage and bedding? _____

Is this pet caged with other pets? (please list) _____

Please list all food and treats given:

Pelleted Diet _____% Brands: _____

Produce _____% Types/How often: _____

Hay _____% Type? _____

Other foods _____% Types? _____

Is their water source from a bottle or bowl How often changed? _____

List any medications or supplements given:

List any major surgeries or illnesses your pet has had:

Previous Medical Records? Yes No

If yes, which clinic? _____ May we contact them? Yes No

Please circle any of the following medical issues you have concerns with for your pet:

Abnormal Behavior

Difficulty moving

Constipation

Diarrhea

Lethargy/Listlessness

Loss of Appetite

Coughing/Sneezing

Eye/Nasal Discharge

Itching/Hair Loss

Other: _____

This form can be faxed to us at (425) 947-9832
or scanned and emailed to pinetreehospital@gmail.com
or brought in with you for your first appointment

Professional Fees are to be paid at time of services. For you convenience we accept cash, check (with a valid driver's license), visa, mastercard, american express, discover and care credit. Returned checks are subject to a \$35.00 fee.

Signature _____ Date _____