



## Rabbit, Guinea Pig, or Chinchilla Information

Owner's Last Name \_\_\_\_\_ First \_\_\_\_\_

**Patient's Name** \_\_\_\_\_ Age/Birthday \_\_\_\_\_

Species \_\_\_\_\_ Breed \_\_\_\_\_ Coloring \_\_\_\_\_

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

How long have you owned your pet? \_\_\_\_\_

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? \_\_\_\_\_

What type of cage and bedding?  
\_\_\_\_\_

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

List any medications or supplements given:  
\_\_\_\_\_

List any major surgeries illnesses or medication reactions your pet has had:  
\_\_\_\_\_

Previous Medical Records? Yes  No

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

Does your pet have Pet Insurance? Yes  No  If yes, with whom? \_\_\_\_\_

Reason for Exam:	Annual Physical	Salivating from the mouth
Abnormal Behavior	Difficulty moving	Constipation
Diarrhea	Lethargy/Listlessness	Inappetance
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](mailto:pinetreehospital@gmail.com)  
or brought in with you for your first appointment

### Professional Fees are to be paid at time of services.

For your 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** \_\_\_\_\_