



Rabbit Companion

Rabbit Name _____

Owner Name _____

Age _____ Sex _____

How Acquired Humane Society Family/Friend Pet Store Other _____

How Long Owned? _____ Is this your 1st rabbit? No Yes

Other Rabbits in Household? No Yes

If yes, gender/age _____

Housed Together? No Yes

Other Pets in Household? No Yes - Species _____

Children under 7 in household? No Yes - ages _____

Diet/Feeding (Check appropriate boxes below)

Does your Rabbit get table foods, IE: crackers No Yes - type/frequency _____

Pellets Brand: _____

With Seeds? No Yes

Fresh Produce Daily No Yes

Timothy Hay Based

If Yes, what type? _____

Alfalfa Based Unsure

Amounts/Frequency _____

Hay

Timothy

Alfalfa Unsure

Water

Crock Drinker

Bottle Drinker

Housing (Check appropriate boxes below)

Bedding

Pine Wood Shavings

Cedar Wood Shavings

Care Fresh

Aspen Wood Shavings

Other _____

Cage None - Free Run of House

indoor in house

in garage

in basement

outdoor in hutch

Wire Cage

With Solid Floor

Plastic Cage

With Wire Floor

Cage Size _____

Access to Entire House No

Yes

Litter trained No Yes

If yes, litter type

Shredded Paper

Paper Pellets or Care Fresh

Cat Litter

Other _____

Exercised outside of cage? No Yes

If yes, duration and frequency _____