

## Behavior Fact Sheet -- Rabbit

INSTRUCTIONS: The owner(s) should fill out pages 1-4 thoroughly yet concisely. **PLEASE ANSWER EACH QUESTION DIRECTLY ON THIS FORM IN THE SPACE PROVIDED. LIMIT ADDITIONAL INFORMATION TO ONE TYPEWRITTEN PAGE IF NECESSARY.**

Date:

Recorder:

Name & Address of Owner:

Telephone:

Fax:

Email address:

Name of rabbit:

Breed:

Age of rabbit now:

Age at which rabbit was acquired:

Weight:

Color:

Sex:

Origin of rabbit:

Wild caught:

Captive bred:

Hand raised:

Date of last physical examination:

(Please include copies of any relevant medical records and/or blood work)

Medical problems:

Any current medications:

Number of rabbits in the household:

cagemates:                      in the same area:

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Food:

Is the rabbit normally confined to a cage:

a) yes:

sometimes:

always:

when or why:

how long: \_\_\_\_\_ hours/day

size of cage: \_\_\_\_\_ x \_\_\_\_\_ x \_\_\_\_\_

equipment provided in the cage:

b) no (please describe housing conditions):

Description of Problem Behavior:

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Age when animal first began showing problem:

Frequency and Duration / Changes in Pattern / Anything that seems to trigger the behavior:

Corrections or medical therapy applied to date:

Describe a typical 24-hour day in your rabbit's life:

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How did you hear about Tufts Animal Behavior Clinic and the Petfax service?

Please provide your veterinarian's contact information: