Verify signalment
Age:
Sex:
Spayed or neutered?: Y
Breed:
Species:
  European rabbit (Oryctolagus cuniculus)
  Guinea pig (Cavia porcellus)
  Chinchilla (Chinchilla lanigera)

Current history
Reason for presentation?
Current medications?
  ---Any side effects to medications?
  ---Any improvement on medications?

Have you seen any of the following clinical signs?
  Coughing?
  Sneezing?
  Nasal discharge?
  Diarrhea or change in fecal pattern?
  Abnormal urination (change in frequency, color, location of urination?)
  Changes in drinking pattern?
  Change in gait or how walking?
  Scratching or excessive hair loss?
  Bulging eyes or ocular discharge?

PAST HISTORY
Where did you obtain(source)?
How long have you had your pet?
Any medical history (previous illness)?
What veterinary practice do you usually bring your pet to?

Does your pet have a microchip?
  --If YES – NEED TO SCAN MICROCHIP INTO RECORD
  ---If NO - Would you like to discuss the benefits of microchipping?

Husbandry (Lets talk a little bit about your rabbits care...)
ENCLOSURE
  --Enclosure size/location:
  --Substrate type?:
  --How often is substrate cleaned?
  --Toys available?
  -----If Yes, be specific with brand, type of toys provided.
  --Enclosure furniture (hidey huts, ect)
DIET
--Do you feed hay?
    If so, what type (timothy, meadow, orchard, alfalfa) of hay is fed?
    What quantity of hay is fed daily?
--Do you feed pellets?
    If so, what type/brand of pellets?
    What quantity of pellets are fed daily?
--Do you feed a salad?
    If so, what greens, fruits, vegetables are fed?
    What quantities are fed?
--Any other treats fed?
    Treat type?
    Frequency?
--Any supplements or vitamins fed?
Water:
--Dish or bottle:
--How often is container refilled:
--How often is container cleaned:
Other pets in home?
--Which ones have contact with pet? N
A day in the life? (What is the typical day for your rabbit?)
-Does your pet go outside? If so for how long, supervised? etc