

# DuPage County Animal Services

## Rabbit Behavioral & Health Profile

Rabbit's Name \_\_\_\_\_ Sex  Male  Female Spayed or neutered?  Yes  No

Breed \_\_\_\_\_ Age \_\_\_\_\_ How long have you had your rabbit? \_\_\_\_\_

Where did you get your rabbit?

DuPage County Animal Services  Friend/Relative  Website/Newspaper

Breeder  Pet Store  Found Stray  Other Shelter/Rescue \_\_\_\_\_

Why are you surrendering your rabbit? \_\_\_\_\_

Including yourself, how many people of the following ages live in your house? Please fill in the boxes.

Age range (years)	Female	Male
0 - 3		
4 - 9		
10 - 17		
18 - 29		
30 - 59		
60 +		

### **Dietary & Housing Information**

Describe your rabbits diet:

Nutrients	Yes or No?		Brand/Type
Dry Food	Yes	No	
Hay	Yes	No	
Fresh Foods	Yes	No	
Treats	Yes	No	

Where was the rabbit kept? \_\_\_\_\_

If inside, then which room and describe the cage \_\_\_\_\_

If outside, then describe the location and cage \_\_\_\_\_

How much time is the rabbit outside of its cage? \_\_\_\_\_

Is the rabbit's litterbox trained?  Yes  No

If yes, then what kind of litter and litter box did you use \_\_\_\_\_

**Socialization & Medical History**

Has the rabbit been around children?  Yes  No

If yes, then what ages and describe the interaction \_\_\_\_\_

Has the rabbit been around other animals?  Yes  No

If yes, then what kind and describe the interaction \_\_\_\_\_

Has your rabbit seen a veterinarian in the past year?  Yes  No

Please list your veterinarian's name and their clinic's name.

Veterinarian: \_\_\_\_\_ Clinic: \_\_\_\_\_

Has the rabbit had any medical issues that you know of?  Yes  No

If yes, then please describe \_\_\_\_\_

Please feel free to tell us any additional helpful comments.

By signing below, I certify that the information I provided is accurate and truthful to the best of my knowledge.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Rabbit's Name: \_\_\_\_\_

Reviewed by (staff only): \_\_\_\_\_

Additional Notes/Comments (staff only): \_\_\_\_\_