

Evergreen Avian & Exotic Animal Hospital

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Pet Rodent Registration

Pet Information

Pet's Name: _____ I.D./Microchip No. _____

Species: Rodent Breed/Variety: _____

Circle: Male / Female* Neutered / Spayed, if so when? _____

Date of birth or approximate year of birth: _____ Color: _____

Acquired from: _____ Length of time in household: _____

Other pets in household: _____

*Females only: How many litters? _____ When was last litter? _____

Housing

Does rabbit have access to (circle): entire house / yard / exercise pen / other: _____

Cage Size: _____ x _____ x _____ Cage bottom (circle): solid / mesh

Cage substrate (circle): paper / Carefresh / hay / other: _____

Temperature in enclosure: Day? _____ Night? _____

Diet/Feeding

Diet Brand: _____ cup(s); _____ tablespoons; frequency _____

Grass/hay Brand/Type: _____ handfuls/frequency or available all day (Y / N)

Fresh produce: _____ cup(s); _____ pieces; types/frequency _____

Treats/Supplements: _____ cup(s); _____ tablespoons; frequency _____

Seed mix brand: _____ cup(s); _____ tablespoons; frequency _____

History

Please list briefly any previous health problems, including when they were noticed and when and how they were resolved:

Adverse reactions to medications/Difficulty medicating? _____

Previous veterinarian/veterinary clinic: _____

Date of last veterinary visit: _____ Reason for visit: _____

Date of last fecal exam: _____