



**RABBIT SURGERY AUTHORIZATION and
MEDICAL RECORD**

Surgery Date: ___/___/___

Owner name: _____ Date: ___/___/___

Address: _____

City: _____ State: ___ Zip: _____ County: _____

Phone #: (____) _____ E-mail: _____

Rabbit's name: _____ Color: _____ DOB/Age: _____ Breed: _____ M/F: _____

Surgery:

___ Spay / Neuter
___ Other: _____

Identification:

___ Microchip \$30.00

Clinic Admin fee: \$_____

Additional Services requested: _____

I, the undersigned, certify that I am the owner, or authorized agent, of the animal described above. I authorize the doctor on duty and veterinary staff to perform the services listed above, including the administration of pain relief medications, sedatives, and anesthetics. I understand that, although rare, there are risks with any medical treatment, sedation and anesthetic procedure including drug/vaccine reactions, infection and death. I also understand that no guarantee of successful treatment can be made.

Signature of owner/agent: _____

For Clinic Use Only (do not write in fields below)

Wt. (lbs.): _____ Microchip: _____

Abnormal Findings: _____

Pre Med: _____

Induction: _____

Procedure Description: _____

Add'l Notes: _____



PATIENT HISTORY

Please fill in all information as completely as possible to allow optimal care for your rabbit.

MUST BE FILLED THE DAY OF SURGERY, NOT BEFORE

Owners Name: _____ Patient's Name: _____

Telephone number where we can reach you today: (____) _____

How long have you owned this rabbit? _____

Where did you obtain this rabbit?

Rescue Breeder Online Pet Store Stray Friend/Family My rabbit's litter

Is your rabbit (circle one): Indoor only Outdoor Only Indoor/Outdoor

Has your rabbit displayed any of the following in the last 2 weeks: (check if yes)

Sneezing Diarrhea

Has your rabbit ever had a seizure? No Yes, explain: _____

Has your rabbit had **any** previous...:

...Illness, Injury or Previous Surgery? No Yes, please explain: _____

...Drug **reaction**? No Yes, please explain: _____

Is your rabbit on any long-term medications? If so, list all _____

Has your rabbit been given any medications in the last 30 days? If so, list type and why it was given

Has your rabbit been treated for fleas/mites? No Yes, what product was used? _____

When did your rabbit last eat? _____

What is your rabbit's regular diet? _____

How did you hear about the Rascal Unit? _____

Do you have a regular veterinarian? Yes No

IF your rabbit is female: Has she had any litters? No. Yes, When? _____

Could your rabbit pregnant? Yes No