



Surgery Date ___/___/___

RABBIT SURGERY AUTHORIZATION and MEDICAL RECORD

Owner name: _____ Date: ___/___/___

Address: _____

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

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

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

Surgery:

___ Spay / Neuter
___ Other: _____

Identification:

___ Microchip \$20.00

Clinic Admin fee if applicable \$ _____

Additional Services requested or recommended: _____

I, the undersigned, certify that I am the owner, or authorized agent, of the animal described above. I authorize the doctor on duty and assistants to perform the procedures listed above, including the administration of pain relief medications, sedatives and anesthetics. I have been advised as to the nature of the procedure, the potential risks, and at-home care. I also understand that no guarantee of successful treatment can be made. If my rabbit is in need of post surgical care, I may contact RASCAL Unit for a no-charge recheck at their location (fees for medications or procedures may apply) or seek another veterinary hospital at my own expense.

Signature of owner/agent: _____

For Clinic Use Only

Pre-op exam: Wt(lbs): _____ T: _____ P: _____ R: _____

Pre Med: _____

Induction: _____

Procedure Description: _____



Surgery Date ___/___/___

PATIENT CHECK-IN INFORMATION

**Please fill in all information as completely as possible to ensure optimal care for your rabbit.
This form must be filled on 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? _____

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

Sneezing _____ Coughing _____ Vomiting _____ Diarrhea _____

Has your rabbit ever had a seizure? Yes No

If yes, explain: _____

Has your rabbit had any previous... (circle yes or no):

...Illness? Yes No If yes, please explain: _____

...Injuries? Yes No If yes, please explain: _____

...Surgery? Yes No If yes, please explain: _____

...Drug reaction? Yes No If 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 month? If so, list type and why it was given

IF your rabbit is female:

Has she had any litters? If so, when was the last time? Yes _____ No

Is your rabbit pregnant? (circle one) Yes No Could be

Has your rabbit been treated or dipped for fleas/ticks in the last month? Yes No

If yes, what product was used? _____

When did your rabbit last eat? _____

What do you feed your rabbit regularly? _____

Is your rabbit housed with other rabbits? _____

How did you hear about RASCAL? _____

Do you have a regular veterinarian? Yes No