

# Rascal Unit



Surgery Date \_\_\_/\_\_\_/\_\_\_

## RABBIT SURGERY AUTHORIZATION and MEDICAL RECORD

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 \$25.00

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): \_\_\_\_\_

Pre Med: \_\_\_\_\_

Induction: \_\_\_\_\_

Procedure Description: \_\_\_\_\_

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## 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