

Boarding Information



Name: _____
Address: _____ City: _____ Zip: _____
Phone: _____ Cell: _____
Boarding Dates: _____
Rabbit(s) Name(s): _____
Rabbit(s) Age(s): _____ Sex(es): MALE FEMALE
Spayed/Neutered?: YES NO

Current Veterinarian: _____
Address: _____ City: _____ Zip: _____
Phone: _____

Please list any past illnesses, injuries, or surgeries for rabbit(s) had had, including dates:

Does your rabbit(s) have any special needs or current medical conditions?
 YES NO If yes, please describe below:

Is your rabbit(s) taking any medicine?

YES NO If yes, please list medications, dosage & schedule:

What is your rabbit(s) feeding content and schedule? For example, 1/3 cup pellets AM, veggies PM, free feed hay, apple or banana slices 3x/week. Please indicate below:

Are there any fruits/vegetables that your rabbit(s) CANNOT eat?

YES NO If yes, please list below:

Is there anything else we could do to make your rabbit's stay with us more comfortable? A nickname you use, special toy, holding time, and petting? Please indicate below:

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I have advised Rabbit Rescue, Inc. of all medical/health issues past and present in regard to my rabbit(s). The aforementioned is true & complete.

Signature: _____ Date: _____