

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): _____ T: _____ P: _____ R: _____

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