DuPage County Animal Services  
Rabbit Behavioral & Health Profile

Rabbit’s Name ____________________  Sex  □ Male  □ Female  Spayed or neutered? □ Yes  □ No
Breed __________________________  Age _________  How long have you had your rabbit? _________

Where did you get your rabbit?
□ DuPage County Animal Services  □ Friend/Relative  □ Website/Newspaper
□ Breeder  □ Pet Store  □ Found Stray  □ Other Shelter/Rescue ______________________

Why are you surrendering your rabbit? ________________________________________________

Including yourself, how many people of the following ages live in your house? Please fill in the boxes.

<table>
<thead>
<tr>
<th>Age range (years)</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 - 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 - 9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 - 17</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 - 29</td>
<td></td>
<td></td>
</tr>
<tr>
<td>30 - 59</td>
<td></td>
<td></td>
</tr>
<tr>
<td>60 +</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Dietary & Housing Information

Describe your rabbits diet:

<table>
<thead>
<tr>
<th>Nutrients</th>
<th>Yes or No?</th>
<th></th>
<th>Brand/Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dry Food</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Hay</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Fresh Foods</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Treats</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

Where was the rabbit kept? __________________________________________________________

If inside, then which room and describe the cage _________________________________  

If outside, then describe the location and cage ________________________________

How much time is the rabbit outside of its cage? _________________________________
Is the rabbit’s litterbox trained? □ Yes □ No

If yes, then what kind of litter and litter box did you use ________________________________

Socialization & Medical History

Has the rabbit been around children? □ Yes □ No

If yes, then what ages and describe the interaction ________________________________________

Has the rabbit been around other animals? □ Yes □ No

If yes, then what kind and describe the interaction ________________________________________

Has your rabbit seen a veterinarian in the past year? □ Yes □ No

Please list your veterinarian’s name and their clinic’s name.

Veterinarian: ____________________________  Clinic: _________________________________

Has the rabbit had any medical issues that you know of? □ Yes □ No

If yes, then please describe _________________________________________________________

Please feel free to tell us any additional helpful comments.

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

By signing below, I certify that the information I provided is accurate and truthful to the best of my knowledge.

Signature: ________________________________  Date: ________________________________

Print Name: ________________________________  Rabbit’s Name: ______________________

Reviewed by (staff only): ______________________

Additional Notes/Comments (staff only): ________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________