

# RABBIT/GUINEA PIG QUESTIONNAIRE



Animal ID: \_\_\_\_\_

Person ID: \_\_\_\_\_

## Rabbit/Guinea Pig Information

Why are you surrendering your rabbit or guinea pig? *Please check all that apply*

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Moving                     | <input type="checkbox"/> Aggressive behavior     | <input type="checkbox"/> Not enough time        |
| <input type="checkbox"/> Conflict with other pets   | <input type="checkbox"/> Veterinary/food expense | <input type="checkbox"/> Other (please explain) |
| <input type="checkbox"/> Death/Illness of caregiver | <input type="checkbox"/> Breeding Shy/Fearful    | _____   |

If we could assist you to locate resources to overcome your challenge, would you like to keep your rabbit/guinea pig? Yes No

## General

What is your rabbit/guinea pig's name? \_\_\_\_\_

How old is your rabbit/guinea pig?: \_\_\_\_\_ months / years

How long have you had your rabbit/guinea pig? \_\_\_\_\_ months / years

Is your rabbit/guinea pig Male Female Don't know

Where did you get your rabbit/guinea pig?

- |  |   |
|--|---|
| <input type="checkbox"/> Animal Services             | <input type="checkbox"/> Found as a stray |
| <input type="checkbox"/> Another shelter             | <input type="checkbox"/> Born in my home  |
| <input type="checkbox"/> Breeder Pet store           |   |
| <input type="checkbox"/> Rescue - What rescue? _____ |   |
| <input type="checkbox"/> Other _____                 |   |

## Health

Which of these did you feed your rabbit/guinea pig? *Please check all that apply*

- |  |                                |
|--|--------------------------------|
| <input type="checkbox"/> Hay   | <input type="checkbox"/> Other |
| <input type="checkbox"/> Fresh vegetables                              | _____                          |
| <input type="checkbox"/> Plain green pellets                           | _____                          |
| <input type="checkbox"/> Pellets with seeds, dried fruit or vegetables |                                |

What is your rabbit/guinea pig's favorite food(s): \_\_\_\_\_

Does your rabbit/guinea pig's have a history of sickness or injury? Yes No Don't Know

If yes, please describe: \_\_\_\_\_

Has your rabbit/guinea pig been pregnant in the past? Yes No Don't Know

Could your rabbit/guinea pig be pregnant now? Yes No Don't Know

Has your rabbit/guinea pig been neutered? Yes No Don't Know

If yes, did you personally have you rabbit/guinea pig spayed/neutered Yes No

What is the name of your vet or clinic? \_\_\_\_\_

## **Behavior**

Is your rabbit/guinea pig? *Please check all that apply*

- |   |  |
|---|--|
| <input type="checkbox"/> Active                             | <input type="checkbox"/> Shy                   |
| <input type="checkbox"/> Inactive                           | <input type="checkbox"/> Friendly              |
| <input type="checkbox"/> Easily startled                    | <input type="checkbox"/> Independent           |
| <input type="checkbox"/> Curious about new people or things | <input type="checkbox"/> Dependent on a friend |

Does your rabbit/guinea pig relax around? *Please check all that apply*

- |                                   |  |
|-----------------------------------|--|
| <input type="checkbox"/> Children | <input type="checkbox"/> Rabbits                         |
| <input type="checkbox"/> Dogs     | <input type="checkbox"/> Other animals, what kind? _____ |
| <input type="checkbox"/> Cats     |  |

Does your rabbit/guinea pig do the following? *Please check all that apply*

- |   |   |
|---|---|
| <input type="checkbox"/> Approach people                  | <input type="checkbox"/> Runs from people                     |
| <input type="checkbox"/> Stand still when people approach | <input type="checkbox"/> Hides from people                    |
| <input type="checkbox"/> Accept petting                   | <input type="checkbox"/> Scratch/Bite, what was the occasion_ |
| <input type="checkbox"/> Sit on laps                      | _____   |
| <input type="checkbox"/> Stand still to be picked up      | _____   |
| <input type="checkbox"/> Relax when Carried               |   |

If your rabbit/guinea pig had a litter box, did s/he use it?    Yes    No

## **Household**

Would you say your household is: *Please check all that apply*

- Calm
- Active
- Noisy
- Chaotic

Where did your rabbit/guinea pig live? *Please check all that apply*

- |   |  |
|---|--|
| <input type="checkbox"/> Yard/Outdoor hutch, size: _____ ft | <input type="checkbox"/> Loose in the House            |
| <input type="checkbox"/> Garage                             | <input type="checkbox"/> Loose in Yard                 |
| <input type="checkbox"/> House/cage                         | <input type="checkbox"/> Combination of house and yard |

Did your rabbit/ guinea pig live? *Please check all that apply*

- Alone
- Bonded with another rabbit/guinea pig
- In a group of rabbits/guinea pig

With another animal- If so, what kind \_\_\_\_\_ How did they get along? \_\_\_\_\_

What would be the ideal new home for your rabbit/guinea pig?

\_\_\_\_\_

Is there anything else you would like to tell us about your rabbit/guinea pig?

\_\_\_\_\_

