NO. F	irst visit cons	ultation questionnaire for rab	bits 年	月日		
Owner's			Phone ①			
name			Phone <sup>②</sup>			
Occupation			Phone3			
Address = -						
Name of patient			Birthday	1	/ (mm/dd/yyyy)	
Breed			Color			
Gender	ı	Male · Female		( Entire ·	Desexed )	
Family hospital	No ·	Yes (Hospital:	)	Insurance		
1 : How did you find out about our animal hospital?						
· Introduced(From another veterinary hospital/ Report: Yes · No)						
· By passing · Advertisement · Internet · magazine · TV · grooming salon cocoe						
• Introduced (Friends name:						
2: Have you ever seen another veterinarian? ex.medical checkup · poor physical condition · chronic illness,etc						
· When?						
No ·	Voo				,	
	Yes	<ul><li>Why? (</li><li>How's the condition now? (</li></ul>		)	)	
3 : Medication history						
,		· When? (			)	
No ·	Yes	· What kind of medications? (		)	,	
4: Dietary constituent: What kind of food and how much do you feed your rabbit?  • Pellets • Grass						
r ellets			· Grass			
· Supplements			· other			
5: How much water does your rabbit drink?						
(about ml /perday)						
6 : Feces : What is the normal size and amount of feces?						
	•			amount (	)	
	around1~3mm	around5mm	other			
7: Urine: What is the n	normal color , amoun	t and frequency of urine?				
					,	
				amount (	)	
	clear yellow	orange red		how many times(	)	
8 : Was there any change in the living environment?						
No ·	Yes	(			)	
9: Tell us about your rabbit's character.						
· Shy · full of curiosity · active · quiet · other ( )						
10 : What is your rabbit's normal living environment?  • In a cage (Goes out for a walk : Yes • No ) • Free in a room						
11 : Hou did you meet you rrabbit's ?						
· Petshop or breeder · Given · Adopted · Bred at home · Other (						
12 : Do you have any other animals at home?						
No · Yes ( What kind of animals? How many? )						

You and your pet's personal information will be used only for purposes below

- Safe and efficient examination
   Delivering notices and messages via mail, e-mail
- 3. Sharing, viewing medical records between group clinics
- 4. Publication for academic conferences and journals (you and your pet will not be identified)
- 5.If you wish to change the name on your medical record, please come to the clinic with both the current and new registrant and present your ID.

Please ask our staff for further information.

There will be a notice on our official web page when changes are made in the purposes mentioned above.

