

RABBIT TRACKS

TATTOO: _____ R __ L __

RABBIT'S NAME: _____ DATE ACQUIRED _____

ORIGINS: _____

Male __ Female __ Fur Colour _____ Eye Colour _____

Distinguishing Features: _____

SPAY/NEUTER INFORMATION

DATE: _____ CLINIC: _____ Volunteer _____

Time/Date Neutered: _____ Vet: _____

Remarks/Meds: _____

_____ Estimated Age: _____

Comments: _____

Billed To:/Billing Notes:

Released To: (volunteer) _____ Time/Date: _____

HEALTH NOTES:

DATE: _____ Weight _____ Nail Trims: __ Deworm: __ Other: _____

Other: _____

DATE: _____ Weight _____ Nail Trims: __ Deworm: __ Other: _____

Other: _____

DATE: _____ Weight _____ Nail Trims: __ Deworm: __ Other: _____

Other: _____

DATE: _____ Weight _____ Nail Trims: __ Deworm: __ Other: _____

Other: _____

please make additional notes on the back of this form