



## Rabbit Boarding Registration

**Pet's Name:**

**Weight:**

**Feeding Instructions:**

Own Supply (specify brand):

How many times a day: Twice Daily \_\_\_\_\_ Three Times Daily \_\_\_\_\_

When was the last time your rabbit ate?

Medication Name	Dosage	Frequency

*Please ask Attendant for administration prices.*

**When was the last time your rabbit had medication?**

**Other Medical Problems:**

**Has your rabbit been seen by his/her regular veterinarian in the last 6 months for anything besides a wellness visit? No \_\_\_\_\_ Yes \_\_\_\_\_**

If Yes, please describe:

**Does your rabbit have any health issues (i.e. diabetes, arthritis, etc.)? No \_\_\_\_\_ Yes \_\_\_\_\_**  
If yes, please describe:

**Does your rabbit have any cuts, scrapes, bumps, warts etc. that we should be aware of?**

No \_\_\_\_\_ Yes \_\_\_\_\_

If Yes, please describe and indicate location:

**Do you have any concerns or comments? No \_\_\_\_\_ Yes \_\_\_\_\_**

If Yes, please describe:

**How often does your rabbit eliminate?**

**Pet's Name:**

**Does your rabbit have any behavior characteristics we should be aware of (i.e. plays in water dish, vocalizes a lot, or other behavior that is not the result of a medical condition)?**

No \_\_\_\_\_ Yes \_\_\_\_\_  
If yes, please describe:

**Optional Services:**  
**(\$8.45 each for a ½ hour session)**

**Sunbathing Time:**

EOD \_\_\_\_\_ Once a day \_\_\_\_\_ Twice a day \_\_\_\_\_ None \_\_\_\_\_

**(\$8.45 for a 15 minute session)**

**Pen Playtime:**

EOD \_\_\_\_\_ Once a day \_\_\_\_\_ Twice a day \_\_\_\_\_ None \_\_\_\_\_

**Your pet's health and happiness is our primary concern. If the animal attendants notice a medical problem they will attempt to contact your emergency number. An emergency contact number MUST be provided upon check-in. The emergency contact person MUST be an adult, capable of making decisions for you regarding your pet's health and able to be reached within the continental U.S. Please note that whomever you choose as your emergency contact they are authorized to make medical decisions for your pet. You will assume all financial responsibilities for approved medical services provided during your pet's stay. Should a life threatening (critical) medical condition occur during their stay and attempts to reach your emergency contact are unsuccessful medical decisions regarding your pet's care will be made by the animal attendant on duty. You will be responsible for all medical charges associated with the management of this event.**

**Emergency Contact and Number(s):**

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Client Signature

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Date