**RABBIT/GUINEA PIG QUESTIONNAIRE**

Animal ID: ________________  Person ID: ____________________

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**Rabbit/Guinea Pig Information**

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

- Moving
- Conflict with other pets
- Death/illness of caregiver
- Aggressive behavior
- Veterinary/food expense
- Breeding Shy/Fearful
- Not enough time
- Other (please explain)

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

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**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?

- Animal Services
- Another shelter
- Breeder Pet store
- Rescue - What rescue? ________________________________
- Other ________________________________

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**Health**

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

- Hay
- Fresh vegetables
- Plain green pellets
- 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: ________________________________

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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

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What is the name of your vet or clinic?____________________________________________________

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

☐ Active
☐ Inactive
☐ Easily startled
☐ Curious about new people or things
☐ Shy
☐ Friendly
☐ Independent
☐ Dependent on a friend

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

☐ Children
☐ Dogs
☐ Cats
☐ Rabbits
☐ Other animals, what kind? ______________________

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

☐ Approach people
☐ Stand still when people approach
☐ Accept petting
☐ Sit on laps
☐ Stand still to be picked up
☐ Relax when Carried
☐ Runs from people
☐ Hides from people
☐ Scratch/Bite, what was the occasion?

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

☐ Yard/Outdoor hutch, size: _______ ft
☐ Garage
☐ House/cage
☐ Loose in the House
☐ Loose in Yard
☐ 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?

____________________________________________________________________________________________________________

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