



CatSpa (RabbitSpa)
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E. Islip, NY 11730
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www.catspa.net
E-Mail: catspa@optonline.net

Name:(owner) _____

Address: _____

Telephone: Home - _____ **Cell -** _____

Emergency Telephone number: _____

Name other authorized individual to pick up your rabbit: _____

E-Mail: _____

Rabbits Name: _____ **Color/Breed:** _____

Age: _____

Sex: Male/Female

Neutered/Spayed: Yes/No

Indoor, Outdoor or both (please circle one)

Do you use flea and tick prevention? Yes/No

If yes, when was the last date? _____

If no, for your rabbits safety we require the use of a flea prevention i.e. Advantage for Kittens, Flea Powder, please consult with your vet.

Medical Record: (Please bring a copy. This is for your rabbits safety)

Health Certificate

Is your rabbit on medication: Yes/No If yes, please tell us:

Drug Name: _____

Dosage: _____

Ailment: _____

Rabbit's favorite food:

Dry: _____

Snacks: _____

Fresh Fruit/Vegetables: _____

Chew Toys/Sticks: Please bring an ample supply

Water: Will always be given

Feeding schedule: Number of times per day: _____

Amount of food: _____

If your rabbit is on prescription food or “home cooking”, please bring an ample supply to last for the duration of the stay.

Litter (please circle one): Worlds Best/Clumping Pine Pearl Yesterdays News

Likes to be brushed/combed: Yes/No

Has to be brushed/combed: Yes/No

Do you want your rabbit to come out of his/her condo at least once a day: Yes/No

Veterinarian:

Name: _____

Address: _____

Telephone: _____

Referred by: _____

Please use below for any other pertinent information. We'll promise to do anything for your rabbit to make him/her content and happy.

Referred by: _____

Today's date: _____

Suite: _____

Rabbit's favorite pastime, and anything else you would like to tell us to make your rabbit's stay the next best thing to being at home.