



New Hanover County Rabbit Rescue of Wilmington
INJURED OR SICK RABBIT - VET CARE INFORMATION SHEET

Name:
Animal No:
Breed:
Age:
Color:
Weight:
Intake Details:



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Medical Issue:



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Plan of Action:

Additional Notes:

Transport by:

Reported to Veterinary Office: _____

Spoke with Office Assistant: _____

Date: _____ Time: _____