

House Rabbit Network - Rabbit Health Assessment.

Rabbit Name _____ Date _____

Name (person doing assessment) _____

Making sure our rabbits are healthy is an important part of being a foster parent. When a rabbit first arrives at HRN, you need to do a medical evaluation on the rabbit to document their overall health and determine if they need immediate medical care. This form is meant as a guide. Please contact someone on the medical committee if you are unsure what to look for or if you see something with a rabbit that you feel needs attention.

Sex Male / Female (reference sexing article) Spayed / Neutered

Date Spayed or Neutered _____ Location _____

Weight _____ Healthy Weight / Thin / Pudgy / Obese
Does bun feel thin (you can feel all the ribs and pelvis bones) or fat (hard to feel ribs, fat roll at neck)

Nails - trim if necessary Any broken off? _____

Appetite: Good / Slightly Off / Not eating Eating Hay: Yes / No

Urinating? Yes / No Excess drinking? Yes / No

Poop: Round / Oblong Large / Medium / Small Soft & Moist / Hard
Strange odor: Yes / No

Producing excess cecals? Yes / No

Breathing: Seems Normal / Fast, panting / Labored / Shallow

Check Incisors: Even: Yes / No Straight: Yes / No

Check Ears, look inside Crusty: Yes / No Wax: Yes / No
Infection (white thick liquid coming up when gently pressing base of ear) : Yes / No

Check Nose Crusty, snot or discharge? Yes / No
Check inside front paws for snot /crust? Yes / No

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Rabbit Name _____

Check Bottom of paws

Front Left	Callous: Yes / No	Color: Pink / Red	Infection? Yes / No	Scabs: Yes / No
Front Right	Callous: Yes / No	Color: Pink / Red	Infection? Yes / No	Scabs: Yes / No
Rear Left	Callous: Yes / No	Color: Pink / Red	Infection? Yes / No	Scabs: Yes / No
Rear Right	Callous: Yes / No	Color: Pink / Red	Infection? Yes / No	Scabs: Yes / No

Check Skin

Back of neck, part the fur, do you see:

White dandruff (sign of mites) Yes / No **Dark specks** (flea dirt) Yes / No
Rump area (above tail) **White dandruff** Yes /No

Feel body for any lumps, bumps, wounds **Location** _____

Is the spine boney? Yes / No **Belly enlarged?** Yes / No

Check Eyes

Left Eye- Discharge No / Clear / Milky **Cloudiness (infection) on cornea** Yes / No
White spot on colored part of eye? Yes / No

Right Eye- Discharge No / Clear / Milky **Cloudiness (infection) on cornea** Yes / No
White spot on colored part of eye? Yes / No

Check Genital area, inside rear legs

Clean Yes / No **Urine scald** Yes / No **Stuck poop** Yes / No

Scent glands, clean if necessary

Other Notes: _____
