



RABBIT PHYSICAL EXAMINATION (Circle most appropriate choice 1-5). Date: DD/MM/YY . Case clinician:								
ANIMAL'S DETAILS				CLIENT'S DETAILS				
Case no.:				Name: Miss/Mrs/Mr				
Name:				Address:				
Species:				Post code:				
Breed:				Primary telephone no.:				
Sex: MALE <input type="checkbox"/> /FEMALE <input type="checkbox"/> .ENTIRE <input type="checkbox"/> /NEUTERED <input type="checkbox"/>				Other contact no.:				
Age:.....Y.....M								
TRANSPORT:		CAR: <input type="checkbox"/>	BUS: <input type="checkbox"/>	TAXI: <input type="checkbox"/>	OTHER:			
Length of journey:.....Hrs.....mins								
Carrier:	Cat-type: <input type="checkbox"/>	Cardboard box: <input type="checkbox"/>	None: <input type="checkbox"/>	Other:				
Length in waiting room:.....Hrs.....mins								
1. Demeanour: First impressions e.g. while in its carrier								
	Relaxed	1	2	3	4	5	Stressed	
Aggression e.g. biting +/- kennel guarding:								
2. Respiratory rate: Normal range = 30-60 breaths/minute				Actual respiratory rate: breaths/minute				
Has the rabbit had time to relax? Y/N		If 'Y' How long?:.....minutes		Any change after time allocated to relax?: Y/N				
General character of respiration :		Normal	1	2	3	4	5	Abnormal
Respiratory sounds:		Normal	1	2	3	4	5	Abnormal
Notes on observations:								
3. Heart rate: Normal range = 180-300 beats/minute				Actual heart rate: beats/minute				
Heart rhythm/Pulse deficits:								
	Normal	1	2	3	4	5	Abnormal	
Notes on observations:								
4. GUT SOUNDS:								
<i>Left side:</i>	Normal	1	2	3	4	5	Abnormal	
<i>Right side:</i>	Normal	1	2	3	4	5	Abnormal	
Notes on observations:								
5. ABDOMINAL PALPATIONS:								
	Normal	1	2	3	4	5	Abnormal	
Poss. conditions: <input type="checkbox"/>	Bloat: <input type="checkbox"/>	Hardened: <input type="checkbox"/>	Foreign body: <input type="checkbox"/>	Faecal impaction: <input type="checkbox"/>	Potential tumour: <input type="checkbox"/>			
Pain score:	No pain	1	2	3	4	5	Very painful	
Notes on observations:								
6. LYMPH NODES:								
<i>Submandibular:</i>	Not detected	1	2	3	4	5	Enlarged	
<i>Thyroid:</i>	Not detected	1	2	3	4	5	Enlarged	
<i>Acc. axillary:</i>	Not detected	1	2	3	4	5	Enlarged	
<i>Popliteal:</i>	Not detected	1	2	3	4	5	Enlarged	
<i>Inguinal:</i>	Not detected	1	2	3	4	5	Enlarged	
Notes on observations:								
7. BODY CONDITION SCORING: (PFMA.org.uk - Pet Size-O Meter)								
	1 Very thin <input type="checkbox"/>	2 Thin <input type="checkbox"/>	3 Ideal <input type="checkbox"/>	4 Over weight <input type="checkbox"/>	5 Obese <input type="checkbox"/>			
Notes on observations:								

8. RECTAL TEMPERATURE: Normal range: 38-40°C				Actual rectal temperature: °C				
9. PERINEUM (G= Genitalia, R = Rectal):								
MM colour:	Pink	1 G <input type="checkbox"/> R <input type="checkbox"/>	2 G <input type="checkbox"/> R <input type="checkbox"/>	3 G <input type="checkbox"/> R <input type="checkbox"/>	4 G <input type="checkbox"/> R <input type="checkbox"/>	5 G <input type="checkbox"/> R <input type="checkbox"/>	White/grey/blue	
MM CRT:	<2 sec	1 G <input type="checkbox"/> R <input type="checkbox"/>	2 G <input type="checkbox"/> R <input type="checkbox"/>	3 G <input type="checkbox"/> R <input type="checkbox"/>	4 G <input type="checkbox"/> R <input type="checkbox"/>	5 G <input type="checkbox"/> R <input type="checkbox"/>	>2 sec	
MM tachyness:	Moist	1 G <input type="checkbox"/> R <input type="checkbox"/>	2 G <input type="checkbox"/> R <input type="checkbox"/>	3 G <input type="checkbox"/> R <input type="checkbox"/>	4 G <input type="checkbox"/> R <input type="checkbox"/>	5 G <input type="checkbox"/> R <input type="checkbox"/>	Dry	
Impacted inguinal scent glands: <input type="checkbox"/>		Faecal material: <input type="checkbox"/>		Urine scalding: <input type="checkbox"/>		Abscesses: <input type="checkbox"/> Inflamed: <input type="checkbox"/>		
Notes on observations:								
10. WEIGHT: Kg								
11. SKIN & HAIR:	Normal	1	2	3	4	5	Abnormal	
12. NAILS:	Normal length	1	2	3	4	5	Overgrown	
Infected nail bed: <input type="checkbox"/>		Torn nail: <input type="checkbox"/>		L/R, Fore/hind limb.		Digit No.....		
Notes on observations:								
13. EYES:								
Left	Normal	1	2	3	4	5	Abnormal	
Right	Normal	1	2	3	4	5	Abnormal	
Other abnormalities:	Nasolacrimal punctum discharge.....L/R			Ulcer....L/R..		Cataracts.....L/R		Entropion.....L/R
14. EARS:								
Left	Normal	1	2	3	4	5	Abnormal	
Right	Normal	1	2	3	4	5	Abnormal	
Other abnormalities:	Wax:.....L/R		Parasites:.....L/R			Polyps:.....L/R		Other: L/R
15. NOSE:								
Normal		1	2	3	4	5	Abnormal	
Other abnormalities: Growth/Nodules:				Other:				
Notes on observations:								
16. ORAL CAVITY (Mucous Membranes & Teeth) :								
MM colour:	Pink	1	2	3	4	5	White/grey	
MM CRT:	<2 sec	1	2	3	4	5	>2 sec	
MM tachyness:	Moist	1	2	3	4	5	Desiccated	
Teeth:	Loose:		Incisors <input type="checkbox"/>		Cheek teeth <input type="checkbox"/>			
	Bleeding/Pus:		Incisors <input type="checkbox"/>		Cheek teeth <input type="checkbox"/>			
	Spurs/overgrowth:		Incisors <input type="checkbox"/>		Cheek teeth <input type="checkbox"/>			
	Ulcers observed:.....L/R							
	Wet chin:							
Rabbit was able to be examined conscious: Y / N								
Notes on observations:								
17. LOCOMOTION & SKELETAL PALPATION:								
Limbs: L-fore	Normal	1	2	3	4	5	Abnormal	
Limbs: R-fore	Normal	1	2	3	4	5	Abnormal	
Limbs: L-hind	Normal	1	2	3	4	5	Abnormal	
Limbs: R-hind	Normal	1	2	3	4	5	Abnormal	
Spine:	Normal	1	2	3	4	5	Abnormal	
Ribs:	Normal	1	2	3	4	5	Abnormal	
Locomotion:	Normal	1	2	3	4	5	Abnormal	
Resting position:	Normal	1	2	3	4	5	Abnormal	
Notes on observations:								