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# How to be a rabbit-friendly practice

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**ABSTRACT:** For years many small animal practices have strived to be “cat friendly”. Nowadays, rabbit owners expect and deserve the same standards of care for their rabbits, and with more and more rabbits being presented to veterinary practice we should be applying the same principles for our rabbit patients. Being rabbit-friendly has benefits for the patient, owner and practice. The Rabbit Welfare Association and Fund (RWAFF) run a rabbit-friendly practice scheme which practices can apply to join.

Keywords: analgesia; companions; rabbit; stress

## Introduction

With rabbits now being the third most popular pet in the UK, they are becoming more frequent visitors to veterinary practices (Moyes, 2014), both for preventative healthcare, such as vaccinations, and when in need of veterinary treatment. Whatever the reason, being a prey species, all visits are stressful to the rabbit to some degree, and they have very different nursing and care requirements to dogs and cats. Making your practice rabbit-friendly isn't necessarily expensive or time-consuming, but will help to reduce stress in your rabbit patients and help improve welfare.

## Stress and how it affects rabbits

Rabbits are sensitive to stress in situations when they cannot escape. One of the main physiological responses is to produce adrenaline (Varga, 2014). In threatening situations catecholamine release prepares them for flight (Varga, 2016). Stress can have several consequences, including: inducing gastrointestinal stasis, caecal dysbiosis, cardiomyopathy, reduced renal blood flow leading to oliguria, altered carbohydrate metabolism leading to hyperglycaemia and eventually hepatic lipidosis, heart failure and death (Varga, 2014). Reduced healing, potentially requiring a longer hospitalisation period, especially after surgery, can also be seen (Solowiej, Mason, & Upton, 2009).

We should therefore be implementing changes that will help minimise and

alleviate stress as much as possible, and by helping to reduce stress, we are making an environment that is beneficial and not detrimental to the rabbit.

## The reception and waiting area

All staff must be trained in being able to recognise rabbit emergencies. Although some conditions are an emergency regardless of the species, such as uncontrolled bleeding and fractures, an otherwise healthy cat or dog with diarrhoea is unlikely to need seeing straight away. In rabbits, true diarrhoea, because of the subsequent alterations in fluid and electrolyte balance over the large gut surface area, and disturbance of the GI flora and motility, is a rapidly life-threatening condition (Saunders & Rees Davies, 2005). Rabbits hide signs of pain and illness for as long as possible due to their prey instincts, so it can be hard to decipher over a telephone call how ill they may be. If in any doubt, an urgent appointment should be offered.

Ideally a separate rabbit/small furry waiting area is best, but this is unlikely to be possible in most veterinary practice set ups.

If possible, for routine appointments, have an hour slot whereby only rabbits are booked in. While this won't stop emergencies for other species, it should limit the amount of potential predators around at that time. It may not be possible for every rabbit appointment, due to owner



▣ **Figure 1.** Allow the rabbit to come out of the carrier on the floor (photo by RWAF).

request or appointment restrictions, but offer rabbit clients early appointments in the appointment block, so they are seen before other animals arrive. Rabbits pick up on the scent of predators and travelling is a stressful experience for many rabbits.

When clients book appointments for their rabbits, they should be advised on how to transport them to help minimise stress. Large cat carriers with a top opening are the best; ones with plastic sides are better as they are darker and can stop the rabbits feeling exposed. If a full wire-type carrier is being used, then covering half of it with a large towel is recommended. The carrier must be large enough to house the rabbits comfortably enough that that can lie down side by side (Boyd, 2017). Advise them to securely strap the carrier in the car, to minimise the movement while travelling. Place plenty of hay in the carrier; not only does this cushion the rabbits in the carrier, but will give them something to eat should they wish to during the journey. Make sure that owners are aware to keep noise to a minimum during the journey. Advise them to turn the radio and other devices off that may increase the rabbits stress levels and keep it between 10°C and 20°C, which is a comfortable temperature for a rabbit (Hinde, 2017).

Allowing clients to wait in the car with their rabbits will reduce the stress of having to wait in the waiting room. In warm weather this is not likely to be possible. Cooling aids such as an Ice Pod or a frozen water bottle wrapped in a towel can help to keep the rabbits cool during transit (Hinde, 2017).

Allowing a corner or small area only open to rabbits is a good idea. Providing towels so clients can cover their rabbit carrier also stops unwelcome disturbance by sniffing dogs.



▣ **Figure 2.** Use a towel or rubber mat on tables to stop slipping (photo by RWAF).





▣ Figure 3. Where possible companions should be kept together (photo by C. Speight).

## Consulting rooms

These are scary places for rabbits; slippery tables, smells and noises, etc. Allow the rabbit to come out of the basket at their own pace. Place the basket on the floor and let them have a hop around before examining them, and while a clinical history is obtained from the client (Figure 1). This also allows the rabbit's movement to be examined.

Posters can be displayed on a variety of rabbit topics from feeding, vaccinations, neutering and housing in the consulting rooms, which are often eye-catching and help to relay rabbit care information to clients. These are often obtained free of charge from rabbit food companies and vaccine manufacturers. A "rabbit pack" can be put together and offered to owners at initial vaccinations or neutering. This pack can include a food sample, On the Hop booklet from the Rabbit Welfare Association and Fund and information on the practice.

## Clinical examination

Many rabbits are not used to being handled and the experience is traumatic and unpleasant for them. It is often best to perform the examination sitting on the floor with the rabbit. This way, if they do panic and try to escape they do not have any significant height to fall from, which may lead to injury.

Make sure the examination is carried out on a towel or rubber mat, especially if doing so on an examination table, so they do not slip; otherwise they are likely to panic (Figure 2).

If the rabbit dislikes something, and starts to struggle, then stop straight away. Some rabbits dislike having their molar teeth checked and may panic if this is attempted. If this is the case, the rabbit can be wrapped in a towel and restrained by a member of staff who is confident in handling rabbits. If there is any clinical suspicion of a dental problem the rabbit should be admitted and have their teeth checked under general anaesthesia.

## Hospitalised patients

Rabbits that are hospitalised for whatever reason require special considerations to the following.

### Companions

Ideally, rabbits that are bonded to another rabbit should not be separated when one is hospitalised (Figure 3). However, the decision to admit companion rabbits to accompany inpatients needs to be carefully assessed according to the space available, stability of relationship between the rabbits and appropriateness for the condition or procedure for the patient (Bament & Goodman, 2014).

One problem when keeping rabbits together is monitoring what the ill rabbit is eating and passing. This can sometimes be obvious as rabbits in GI stasis will start to produce small and firm droppings to begin with, whereas the healthy companion should be producing large, fibrous droppings. If large enough the enclosure can be divided into two with a mesh barrier so the rabbits can still see and smell each other, but can be monitored individually. If this is not possible then placing a large carrier/dog crate in the cage with one rabbit in it and swapping the rabbits over every couple of hours, so each can still have a hop around but are separated for the purposes of monitoring, can work well.



▣ Figure 4. Create a rabbit-friendly cage. A cardboard box can be used as a hide (photo by R. Sibbald).



Figure 5. Ensure everything is prepared before getting the rabbit out to medicate them (photo by RWF).

Ideally rabbits should be housed out of sight, sound and smell from all predators. This includes cats, dogs, ferrets, birds of prey and many reptiles. If this is not possible, then housing them as far away as possible and covering part of the cage is the next best option.

### Analgesia

As a prey species, advantage comes from hiding injury, pain and disease as it means predators are less likely to single out the affected rabbit (Sibbald, 2017). While this instinct works well in the wild, it can be a disadvantage for pet rabbits, as to the untrained eye rabbits may not look to be overly painful.

Being able to recognise signs of pain and act upon them is imperative. Rabbits who are in pain may exhibit any of the following signs: bruxism, abdominal pressing, decreased appetite or anorexia, lack of or cessation of faecal droppings, hunched posture, uninterested in surroundings, chewing at a specific area, etc.

The Rabbit Grimace Scale, developed by Newcastle University, is a good guide on assessing pain, and can be used in conjunction with recognising the above signs.

Always assume that if something is painful to any other species then it will be for a rabbit. As a prey species, assessing their pain can be difficult – they will not vocalise or make their discomfort easy to spot, so analgesia should always be given if the condition or procedure is known to be painful.

### Fluid therapy

The daily maintenance rate for rabbits is slightly higher than for dogs and cats: 4 ml/kg/h or 80–100 ml/kg/24 h (Bament & Goodman, 2014). Fluids can be administered via subcutaneous, oral, intravenous or intraosseous routes. The selected route will depend upon the rabbit's condition and reason for admission. All fluids should be warmed to body temperature prior to administration.

### Bedding and cages

Rabbits need to be comfortable. Many rabbits are litter-trained and therefore appreciate a litter tray. This can be filled with fresh hay or non-clumping cat litter and it is useful to ask the owner what litter the rabbit prefers. Cages should be as large as possible to allow the rabbit to lie at full stretch and move about comfortably. Cages can be lined with newspaper, covered in hay, or bedding can be offered, as long as the rabbit doesn't attempt to eat it. A hide box should also be offered, so the rabbit can feel more secure and less exposed (Figure 4). This can be a simple cardboard box thrown away after use, a plastic box that can be cleaned between patients or the rabbit's carrier.

### Feeding

Owners may wish to bring food in for their rabbits, especially fresh food. If not, then you should provide the same food that the rabbit is used to eating, not only to avoid digestive upsets but to encourage the rabbit to eat. Changing the food of an already ill rabbit is likely to cause further problems, so even if the rabbit's diet is poor it is better

to leave any dietary changes until the rabbit has recovered. Scatter feeding patients provides some enrichment for those who are eating well. For those rabbits who are ill and their appetite is being monitored, these rabbits are best fed from a bowl so the pellets can be weighed or counted. Syringe feeding of patients is likely to be necessary if the rabbit is suffering from GI stasis or not eating sufficient amounts. It is important not to overfeed with the syringe feeds otherwise the rabbit will not begin to eat by themselves. The manufacturer's guidelines should be followed for the product used, but a general rule is 20–50 ml/kg/24 h, split into feeds every 2–3 h, including overnight.

### Handling

Keep handling to an absolute minimum. Consider where you handle rabbits, why and how. Try and group administering medications, feeding and examinations together, so the rabbit isn't exposed to constant and potentially stressful experiences. Ensure you have everything ready before getting the rabbit out of their cage (Figure 5). Handle rabbits away from other animals and keep noise to a minimum. Medicating and handling can be carried out with the rabbit on the floor, especially if they are not used to being handled.

### Vaccinations

Rabbits require two annual vaccinations. Nobivac Myxo-RHD (MSD Animal Health) offers protection against myxomatosis and rabbit viral haemorrhagic disease (RVHD) 1 and can be given from 5 weeks of age. Filavac K + C (Filavie) offers protection against strain 1 and 2 of RVHD and is given from 10 weeks of age. Both vaccinations are essential for protection, although there are still many owners who are unaware of the RVHD2 threat. Confirmed cases of RVHD2 have been reported throughout the UK. A minimum of a 2-week gap should be left between vaccinations because the vaccines are not licensed to be given together.

Emailing or mailing clients to advise them of the need to vaccinate their rabbits is often necessary, as many owners are unaware of the need to vaccinate their rabbits.

### Neutering

It should be recommended that all rabbits are neutered, not only for health benefits, but also behavioural and to allow them to live in bonded pairs or compatible groups. Males can be castrated from 12 weeks of age and females from 16 weeks of age. Neutering helps to reduce aggression,



improve litter training, lessen amorous behaviours and remove the risk of uterine adenocarcinomas in females.

## Rabbit clinics and client evenings

Most rabbit owners are keen to learn how to care for their rabbits correctly. These messages can be relayed through rabbit clinics or client evenings, whichever suits your practice best.

### Rabbit clinics

These can be run by vets or nurses. Often 30 minutes is needed for one rabbit in order to discuss husbandry in detail, and an additional 10 minutes for each rabbit thereafter. A full clinical examination should be performed, as well as offering advice on feeding, neutering and bonding, vaccinations, housing and exercise, flystrike, insurance and other common health problems.

### Client evenings

Guest speakers can be invited from companies to speak, such as Burgess Pet Care, Supreme, Runaround, MSD Animal Health, etc., or staff from the practice

who are confident in speaking on rabbit-related topics. Good topics to cover include: correct feeding, neutering and companionship, vaccinations, housing and environment, house rabbits, common health problems and dental disease.

## Join the RWF Rabbit Friendly Practice scheme

The Rabbit Welfare Association and Fund runs a scheme that veterinary practices can join to become rabbit-friendly practices. Completion of a comprehensive questionnaire is required, and practices are graded as either silver or gold depending upon the criteria they meet. The practice will need to be an RWF member and annual renewal is required. Details can be found at: <https://rabbitwelfare.co.uk/rabbit-vets/rwaf-vet-list-application/>

## Conclusion

There is much that can be done to try and make visiting a veterinary practice less stressful for rabbits and more rabbit-friendly. Staff need to be confident in handling rabbits and advising owners on how to care for their rabbits correctly

– this needs to include vets, nurses and the reception team. Owners want to take their rabbits to practices who take rabbit health seriously and treat them on a par with cats and dogs, which is what rabbits deserve.

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## Multiple Choice Questions

1. Rabbits are the which most popular pet in the UK?

- (a) First
- (b) Second
- (c) Third
- (d) Fourth

2. Which of the following is a physiological response to stress?

- (a) Adrenaline production
- (b) Atropine production
- (c) Increased renal blood flow
- (d) Hiding

3. Which of the following is a consequence of stress in rabbits?

- (a) Increased renal blood flow
- (b) Gastrointestinal stasis

(c) Reduced catecholamine release

(d) Polyuria

4. Rabbits that are bonded to another rabbit should not be separated when hospitalised.

- (a) True
- (b) False

5. Female rabbits can be neutered from:

- (a) 12 weeks
- (b) 16 weeks
- (c) 24 weeks
- (d) 36 weeks

6. The Glasgow composite pain scale can be used to assess pain in rabbits.

(a) True

(b) False

7. Common signs of pain in rabbits include:

- (a) Bruxism
- (b) Increased appetite
- (c) Increased amounts of faecal droppings
- (d) Increased interest in surroundings

8. Daily maintenance fluid rate for rabbits is:

- (a) 1-2ml/kg/hr
- (b) 4ml/kg/hr
- (c) 6ml/kg/hr
- (d) 10ml/kg/hr

For the answers to the MCQs, please go to: <http://www.bvna.org.uk/publications/veterinary-nursing-journal>