## **ADOPTION APPLICATION**

Name:		
Address:		
City:	State:	Zip:
Home Phone Number:		
Car License #:		State :
Employer:		
Address:		
Work Phone Number:	How Id	ong employed here?
	hbor, employer, co-	
short term commitments. I and expense	ation to adopting a Make sure your life this rabbit will nee	n animal. Animals are not toys or estyle allows the time, patience
	DO NO	FOR OFFICE USE ONL OT WRITE BELOW THIS LINE - THANK YO
Breed:		ADOPTION AGENCY/INDIVIDUAL INFORMATION
Color:		
Age:		
Name:		
Neutered: yes no		
Reference checks:		

## **GENERAL INFORMATION**

1. Do you nave other animal	s at nome? ye	es / no if y	es:	
Species:	Male: /Female:	Age:	Altered:	Lives:
rabbit / dog / cat / other			yes / no	in / out
rabbit / dog / cat / other			yes / no	in / out
rabbit / dog / cat / other			yes / no	in / out
rabbit / dog / cat / other			yes / no	in / out
How long did you have y	our last animal	al?		no rabbit / cat / dog / other
circumstances of the death(s		•		
circumstances of the death(s	>)			
<ul><li>4. Have you ever surrendere circumstances</li><li>5. Have you ever euthanized circumstances</li><li>6. Who is/was your veterinare</li></ul>	d one of your a	animals? [	]yes / □no If yo	/  no If yes, please explain the
Name:			Phone:	
Address:			City:	State:
7. How long have you reside	ed at your pres	ent address	s?	_
8. Where do you currently liv	/e? house /	apartment	/ other	
Do you own or rent? (circl Landlord's name	•	-		s? yes / no none:
10. How many people live in adopt? yes / no If there are				ll the adults know you plan to
11. Would you object to a vis	sit or call from	us to see he	ow you and your i	new rabbit are doing? yes / no
12. In the event you become	; ill, who will be	e responsibl	e for the care of y	our animal(s)?

## **RABBIT QUESTIONS**

1. Have you ever had a rabbit before? yes / no  2. Why do you want to adopt a rabbit? (circle all the apply) companion for myself/family gift for someone else for my child to breed companion for another animal  3. Will the rabbit be allowed outdoors? yes / no  4. Where will this rabbit be kept during the day? night?  5. Is anyone home all day'? yes / no If no, how many hours will the rabbit be left alone in a 24-hour period?  6. Where will he/she be kept when alone?  7. Are you familiar with rabbit proofing your home? yes / no
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7. Are you familiar with rabbit proofing your home? ves / no
, ,
8. Do you need an explanation of how to introduce a new rabbit to your current rabbit or other animal(s) in your home? yes / no
9. Are you familiar with the types of litter to use for a rabbit? yes / no
10. Are you willing to litter train? yes / no
11. Are you familiar with feeding recommendations for a rabbit?  Type of hay: yes / no  Fresh greens: yes / no  Fruits & vegetables: yes / no  Pellets: yes / no  Snacks: yes / no
12. Describe your household (such as quiet, active, loud):
13. Do you have an age preference for a rabbit? yes / no If yes, what is it:
14. Do you have a size preference? yes / no If yes, what size:
15. Do you have any desired characteristics you are looking for in a rabbit (affectionate, independent, we mannered, easy going). If yes, elaborate:
16. Door anyong in your bougghold have any known allorging to rabbite? . you / no

- 16. Does anyone in your household have any known allergies to rabbits? yes / no
- 17. Are you financially prepared to give this rabbit routine and emergency medical care? yes / no