



# Rabbit Adoption Questionnaire

Your name: \_\_\_\_\_ Today's Date \_\_\_\_\_

Address: \_\_\_\_\_

City/ State/ Zip \_\_\_\_\_

How would you like to be contacted following the adoption?  Phone  Email

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Your Occupation: \_\_\_\_\_ Student?  Yes  No

Please indicate your age group:  17-20  21-40  41- 59  60 or over

Where did you hear of the ACL:  Newspaper  Website  Friend  ACL Offsite Table  Other \_\_\_\_\_

**I'm interested in adopting:**

- One rabbit  More than one
- A companion for my current rabbit

**Housing Information:**

Do you live in a:

- House
- Condo
- Apartment
- Other \_\_\_\_\_

Do you:

- Live with Parents
- Own
- Rent -Landlord name and Number: \_\_\_\_\_

Number of Adults in your home: \_\_\_\_\_ Number/Ages of Children: \_\_\_\_\_

Does anyone in your home suffer from allergies (including animals and hay)?

- Yes  No If yes, who and to what?

Where will you keep your new rabbit? (check all that apply)

- Run of the house  Basement  Outside in a hutch  Bedroom
- At work with you  Other \_\_\_\_\_

How many hours per day, on average, will your rabbit be alone? \_\_\_\_\_

Have you had rabbits as pets before?  Yes  No

If yes, please describe your experience.

If no,  
Have you done research on the proper care of rabbits? (Describe)

***For Office Use Only***

Adoption Status:

- Approved
- Conditional Approval Reason(s):

Denied: Comments:

Emergency Contact:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Landlord Approval

Pet's

Name: \_\_\_\_\_

ACL #: \_\_\_\_\_

Staff Approval:

\_\_\_\_\_

**Current Pet Information**

Do you currently have a cat or dog?  no  yes If yes, please list below:

Breed or Description	Gender	Altered	Age	Last Vet Visit	If cat, Declawed?
<input type="checkbox"/> Dog <input type="checkbox"/> Cat _____	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Dog <input type="checkbox"/> Cat _____	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Dog <input type="checkbox"/> Cat _____	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Dog <input type="checkbox"/> Cat _____	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Other _____	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	

Veterinarian: \_\_\_\_\_ Phone: \_\_\_\_\_

Will you use this vet for your new pet?  Yes  No If not, who will you use? \_\_\_\_\_

**Past Pet History**

Have you ever adopted a pet from a Shelter or Humane Society in the past?  Yes  No

Have you ever released an animal to a Shelter or Humane Society in the past?  Yes  No

Please list other pets you have had as an adult:

Breed or Description	Gender	Altered	Length of ownership	Where is he/she now?
<input type="checkbox"/> Dog <input type="checkbox"/> Cat _____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	_____
<input type="checkbox"/> Dog <input type="checkbox"/> Cat _____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	_____
<input type="checkbox"/> Dog <input type="checkbox"/> Cat _____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	_____
<input type="checkbox"/> Dog <input type="checkbox"/> Cat _____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	_____

By signing below, I certify that the information provided on this application is true and I recognize that any misrepresentations of facts may result in losing adoption privileges. I authorize investigation of all statements in the application and understand that veterinarians, landlords, other humane agencies, etc. may be contacted. I further understand that the adoption of an animal may be delayed until this information can be verified. If, at any time, representatives from the Animal Care League and/or local authorities determine the adopted animal is being abused, or neglected, this adoption is void and ownership will revert back to the ACL. Furthermore, signing this agreement signifies that I understand and will abide by the ACL Viewing Agreement as stated below.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*STAFF:** Please provide potential adopters with the Basic Rabbit Care handout, as well as the Rabbit Care Information Packet. Both are located in the file cabinet marked Small Animal Info, in the Rabbit file.