RABBIT ADOPTION APPLICATION

General Information

Rabbit(s) you are applying for:
Your name:
Address:
Phone: Home: () Work: ()
Cell:: ()
Email address:
Name and phone number of person who can always reach you who does not live at the above address:
Where do you live? (check one)
Do you (circle all that apply):
\square Own \square Rent and live with roommates \square Rent and live alone \square Live with parents \square I'm a student
How many years have you lived at this address?
List all human members of your household and ages of children:
Does any member of your household have any known allergies to animals? No Yes If yes, please describe:
Do we have permission to visit your home? \square No \square Yes If not, please give a reason:
Pet History
Do you currently have other pets? \square No \square Yes
If yes, list all animals(including roommates' animals). Describe type, age, sex, spayed/neutered, kept indoors or outdoors, and how long you've owned them.
Veterinarian's name and phone number:
Is your veterinarian experienced in treating rabbits? \square No \square Yes \square Don't Know

Application Continued

List pets owned over the past 10 years, other than those previously listed. Include type, age, sex, spayed/neutered, indoors or outdoors, how long you owned them, and when you stopped owning the animal(s) and reason.
Have you ever surrendered an animal to an animal shelter? No Yes If yes, what were the circumstances?
Have you ever lost a pet? What did you do to find him/her?
Do you anticipate moving soon? No Yes If yes, when?
Rabbit Specific Questions
Please state your reason for wanting a rabbit as a companion:
Where will you keep your rabbit?
How much time per day will you be able to interact with your rabbit?
If you suddenly relocated or had other drastic lifestyle changes that made it hard to keep your rabbit, what would you do with him/her?
Who will care for your rabbit when you go out of town, or in case of an emergency?
If your rabbit becomes seriously ill or injured and your veterinarian says expensive medical treatment is needed, what will you be willing do?
To provide food and medical care for this rabbit, I anticipate spending yearly: (please circle one) \$\Boxed{\subset}\$\$\\$
Are you committed to taking full responsibility for your rabbit's health and welfare for the rest of its life, which could be 10 years or more? \square No \square Yes
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I certify that I am 18 years of age or older and that I live within driving distance of Austin, Texas.
Signature:

Please mail your application to the address below.

