

RCHS ******RABBIT****** PRE-ADOPTION APPLICATION

PLEASE PRINT CLEARLY

Name		Date	
Address:		Apt./Unit#	Tel# Home
City	State	ZIP	Cell
			Work
Email			

Are you .. (check one) under 21 21-25 26-35 36-54 55+

Are you a college student? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is everyone present today? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Who is not present today? _____
How many adults in the household?	Do you have children who visit? <input type="checkbox"/> Yes <input type="checkbox"/> No
How many children under 18? _____ Ages: _____	Have you adopted from us before? <input type="checkbox"/> Yes <input type="checkbox"/> No
What has happened to the pets you have owned in the past 5 years?	

RESIDENCE INFORMATION

Background checks are completed re: home ownership and rental approval.

Check one	
Type of home	<input type="checkbox"/> Apartment <input type="checkbox"/> Condo <input type="checkbox"/> Military Housing <input type="checkbox"/> House <input type="checkbox"/> Live with Parents <input type="checkbox"/> Other _____
Do you own your home? <input type="checkbox"/> Yes <input type="checkbox"/> No	
For how long? _____ years _____ months	
If you own your condo/town home please check with your homeowners' association regarding their pet policy	
Do you rent ? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How long have you lived at your current address? _____ years _____ months	
Are there pet weight or breed restrictions? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please specify _____

FAMILY INFORMATION

Check all that apply	
Is this rabbit for? →	<input type="checkbox"/> Yourself <input type="checkbox"/> Family Pet <input type="checkbox"/> Companion for rabbit at home
	<input type="checkbox"/> Your children <input type="checkbox"/> Gift

Who will ultimately be responsible for the feeding socialization and cleaning of this rabbit? →	Please print clearly
Under what circumstances would you not keep this rabbit? →	Please print clearly
Note: RCHS will always take their pets back if needed and will place in a new home.	
Describe the personality of your ideal rabbit. →	Check all that apply
	<input type="checkbox"/> Active <input type="checkbox"/> Mellow <input type="checkbox"/> Cuddly <input type="checkbox"/> Independent <input type="checkbox"/> Couch potato
	<input type="checkbox"/> Social butterfly <input type="checkbox"/> Frisky <input type="checkbox"/> Other _____

On a scale of 1-5 circle your Family's activity level
Couch potato 1.....2.....3.....4.....5 Super Sonic!

Would you like information on any specific behavior or training issues? <input type="checkbox"/> Yes <input type="checkbox"/> No	How many animals do you have at home?
If yes, please specify _____	Dogs _____ Cats _____ Rabbits _____ Other _____

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Please list all pets residing at your home (including roommate's pets)

Breed/Type	Age	Sex	Spayed or Neutered		Time Owned	Where is pet kept
		F M	Yes	No		
		F M	Yes	No		
		F M	Yes	No		
		F M	Yes	No		
		F M	Yes	No		

<p>Do any members of the family have allergies specific to animals? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Please be specific Describe what area of the home the rabbit will be housed and how housed?</p>
<p>Time away from home (check one)</p> <p><input type="checkbox"/> Mostly home all day</p> <p><input type="checkbox"/> Out part time (4-6 hrs)</p> <p><input type="checkbox"/> Away for 8 or more hours</p>	<p>List books or brochures that you have read about the care of rabbits.</p> <ol style="list-style-type: none"> 1. _____ 2. _____ 3. _____ 4. _____ <p>Have you already purchased the necessary supplies? <input type="checkbox"/> Yes <input type="checkbox"/> No Check the items you have at home.</p> <p><input type="checkbox"/> Raised hutch <input type="checkbox"/> Floor cage <input type="checkbox"/> Exercise Pen <input type="checkbox"/> Hay <input type="checkbox"/> Food/Water Bowls <input type="checkbox"/> Toys <input type="checkbox"/> Wood Chews <input type="checkbox"/> Litter box <input type="checkbox"/> <input type="checkbox"/> Non toxic litter <input type="checkbox"/> Nail clippers <input type="checkbox"/> Bunny-proofing material <input type="checkbox"/> <input type="checkbox"/> Brush <input type="checkbox"/> Yard toys <input type="checkbox"/> Food Pellets</p>
<p>Have you owned a rabbit before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many? _____ How long did you own? _____ Years _____ Months What happened to any rabbits you have owned in the past? Describe your rabbit experience:</p>	<p>When do you anticipate these changes in lifestyle:</p> <ul style="list-style-type: none"> • Moving _____ • Having children _____ • Acquiring other pets _____ • Other _____

Name(s) of RABBIT(s) you are interested in meeting:

PLEASE READ THE FOLLOWING CAREFULLY

I hereby certify that the above information is true. I understand that any falsification discovered during the adoption process may result in the nullification of this adoption.

I understand that this RABBIT may live 12+ years and I am prepared to give it the medical and emotional care and support that it needs. In addition, I understand that RABBIT expenses ie food, medical care, and supplies may average \$700+ annually.

Adoptions are based on best match, thus this application may not necessarily result in the adoption of the animal(s) listed above. Please know that the staff at RCHS strive to achieve the most successful match for both RABBIT and prospective family.

BY SIGNING BELOW I ACKNOWLEDGE HAVING READ THIS APPLICATION, ANSWERED ALL QUESTIONS AND FULLY UNDERSTAND THE RESPONSIBILITY OF ADOPTING A PET.

Applicant's Signature _____

Date: _____

TO BE COMPLETED BY RCHS STAFF

Date: _____ Staff Initials _____

Approved

Denied

Comments: