



Rabbit Adoption Questionnaire

Name: _____
 Address: _____ Apt. #: _____
 City: _____ Postal Code: _____
 Phone #: _____
 E-mail: _____

FOR OFFICE USE:
 P#: _____
 A#: _____
 Date: _____
 Time: _____

Why do I need to provide my personal information before meeting an animal?

We request that any potential adopters fill out initial information before meeting an animal, so that our staff can better serve you and your needs. This information will help us place animals in new homes, and we ask for your cooperation in the exciting process of bringing your new pet to you.

ABOUT YOU and YOUR HOME

- Please select the appropriate age category:**
 Under 18 18+ *Optional: Age* _____
- What best describes your living environment?**
 House Apartment/Condo
Do you: Own Rent
- In your house, number of residents/regular visitors:**
 Adults(18+): _____ Children: _____ Ages: _____
- Are there other pets in your household?** Yes No
- Do you know how to introduce your pets to a rabbit?**
 Yes No
- Are you adopting a rabbit to bond to a current rabbit?**
 Yes No
- Are there any animal/seasonal allergies in your home?**
 Yes No

PET CARE

- Have you had rabbits before?** Yes No
- Were you the primary caregiver?** Yes No
- Is your home prepared for this rabbit?** Yes No
- Are you aware that rabbits do best in pairs?** Yes No
- Do you currently have an enclosure meeting our minimum size requirements?**
 Yes No Unsure

- What is the best diet for this rabbit? (check all that apply)**
 Seed mix Veggies Carrots
 Alfalfa hay Timothy hay Pellets
- What is the best litterbox material? (check all that apply)**
 Pine/Cedar shavings Aspen shavings Newspaper
 Recycled newspaper litter Carefresh/hamster bedding
- How much out-of-cage time will your rabbit have each day?**
 10-20min 30-45min 1hr 2-4hrs 4+hrs
- How much time do you expect to spend actively socializing your rabbit each day?**
 10-20min 30-45min 1hr 2-4hrs 4+hrs
- What enrichment opportunities will you provide?**

- Do you intend to take your rabbit to a vet?**
 Yes No Only if sick
- Do you currently have a rabbit vet?** Yes No
- How much do you estimate it will cost to care for this animal each year? (incl. vet care, food, toys, supplies, etc.)**
 Under \$100 \$100 - \$250 \$250 - \$500
 \$500 - \$1000 \$1000+
- Are you financially prepared to care for this animal?**
 Yes No Unsure
- Are you interested in and prepared for a rabbit with current behavioural challenges?** Yes No
- How would you address unwanted behaviour?**

TELL US WHAT YOU'RE LOOKING FOR

- Sex: Female Male No preference
- Age: Baby Young adult Adult Senior No preference
- Size: Small Medium Large Extra Large No preference

Type/Breed: _____

Personality: _____

IT IS VERY IMPORTANT FOR MY RABBIT TO... (please check all that apply)

- Be friendly with children Be low maintenance Be active/playful
- Be friendly and outgoing Enjoy being held Enjoy being pet
- Be litter trained Be calm Be independent

WITH MY NEW RABBIT, I WOULD LIKE TO... (please check all that apply)

- Relax and cuddle Play together Have them play with children
- Clicker train Watch them play with another rabbit/by themselves
- Other: _____

HOW FAMILIAR ARE YOU WITH THE FOLLOWING IN RABBITS?

	Not very familiar	I have heard about this	I have dealt with this	I have extensive experience with this	I would Like some more info
Fearfulness/anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Destruction of property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creating messes in the house	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Biting/scratching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Territorial behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Possessive behaviour related to food/toys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bonding rabbits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety proofing for rabbits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Litter training rabbits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In order to keep you informed about important campaigns and to ask for support, we will from time to time telephone, email and send mail to you. If you would like to receive phone calls, emails or mail please check this box

Applicant signature: _____

Date: _____

Thank you for completing this questionnaire.

The information provided will help us to find the best matches to your interests.