RABBIT ADOPTION APPLICATION   **Date**_____

Full Name of Adopter (s) _____

Address _____Apt____ City/Town _____ Zip _____

Home Ph _____ Cell Ph _____ Email(s) _____

Occupation: _____ Full-time ____ Part- time ____ Employer_____

Full Name Secondary Adopter_____

Occupation: _____ Full-time ____ Part- time ____ Employer_____
Own _____ Rent _____ House _____ Apt _____ # Bedrooms _____
If you rent, do you have your landlord's permission to have a pet rabbit? Yes_____ No_____

Landlord's Name _____ Contact number _____

Please list household members and their relationship to you as well as childrens' ages:
_____
_____

Are all household members in agreement about adopting a rabbit? Yes_____ No_____ Concerns _____
Does anyone have allergies or asthma? Yes_____ No_____   Does anyone smoke? Yes_____ No_____

List primary caretaker(s) and ages: _____
_____

Is there a particular AARR rabbit(s) you are interested in adopting? _____Would you be interested
in adopting a bonded pair? Yes_____ No_____ Are you prepared to care for this rabbit for 10+ years? Yes_____ No_____

Would this be your first rabbit? Yes_____ No_____ If not your first rabbit, please tell us about your previous rabbit(s), their
housing, how long did they live, spayed/neutered?
_____
_____
_____

Please list pets have you had in the past? Were they spayed/neutered? How long did they live?
_____
What pets do you have right now? Are they spayed/neutered? _____

Please list any vets that you have used in the past. Name of clinic and veterinarian _____
_____

If you have cats, dogs or other predatory animals, how do you plan to keep your rabbit(s) safe?
_____

Have you ever turned in an animal to a shelter? Yes ____No____
If yes, please explain: _____

How do you plan to house your rabbit(s). Please include size and location within the home. Free range?
(If you don't already have a set-up please consult with us before purchasing housing or other products)
_____
_____

Describe the areas your rabbit(s) will have for out time: _____
_____

How many hours will the rabbit get for out time?
Mon - Fri Mornings _____ Mon - Fri Evenings _____ Weekends Mornings _____ Weekend Evenings _____

Do you plan on housing or taking your rabbit(s) outside? Yes ____No____
If yes, please explain: _____

What will your rabbit's diet consist of? _____

What kind of toys/enrichment do you plan to provide? _____

If you are away, what arrangements will you make for your rabbit(s)? _____
_____

If you move, will you take your rabbit(s) with you? _____

Do you currently have a rabbit skilled veterinarian? If yes, please provide their name and number below:
_____

Daily cost of rabbit maintenance is approx. $3/day. Unforeseen medical issues can result in a $200 to $2,000 vet bill.
Are you financially able to handle these costs? Have you considered Nationwide Insurance?
_____

Under what circumstances would you no longer be able to keep your rabbit and what would you do?
_____
_____

Are you ready to adopt today? Yes ____ *If not, why?*
_____

Would you agree to a representative from All About Rabbits Rescue visit the home pre or post adoption to assist with set up, nail trimming, handling? Yes ____No____

Please check next to those you have reviewed:
AARR Website ____ Howcast Rabbit Care ____ AARR Brochure ____ Welcome Packet ____ Adopter Packet ____ Adoption Pledge___

Please list any specific questions : _____
_____