



BUNNY ADOPTION APPLICATION

Date _____

NAME of BUNNY(S) _____

Name of Applicant _____ Phone No _____

Apt & Street Address _____ City & PC _____

eMail Address _____

Are you 21 years or older? () Yes () No

Why do you want a bunny? _____

Do you presently have pets—how many of: _____ Bunny(s) _____ Cat(s) _____ Dog(s) _____ Other

–Bunny(s): Neutered/spayed () Yes () No () Male or () Female Animal Friendly? _____ Age(s) _____

–Cat(s): Neutered/spayed () Yes () No () Male or () Female Animal Friendly? _____ Age(s) _____

–Dog(s): Neutered/spayed () Yes () No () Male or () Female Animal Friendly? _____ Age(s) _____

Have you had a bunny in the past? () Yes* () No * If yes, what happened to it? _____

Where was the bunny kept: () Indoors () Outdoors () Both

What personality traits are you looking for in a bunny? _____

How many people in your household: _____. Children and ages: _____

Is everyone in your household interested in having a new bunny in the home? () Yes () No

Does anyone in your home suffer from allergies? _____

Will you be willing to play with and socialize the bunny at least once a day? _____

How many hours will this bunny be left alone at home (usually)? _____

Where will the bunny be kept: () Indoors () Outdoors () Both () Cage

How many hours of exercise will the bunny get, and where? _____

Do you live in a () House () Townhouse () Apartment Do you: () Rent* () Own

* If you rent, are pets allowed in your residence? _____

Do you anticipate a change in lifestyle and/or family situation in next few years? _____

What is your contingency plan to care for the bunny due to travel, illness, job loss or death?

What issues have you had during past experience with animals that caused difficulty and how did you handle the situation? _____

Are you able to commit to taking care of the bunny for the rest of its life (up to 12 years)? _____

Are you aware of the basic requirements and costs to properly care for a bunny? Please specify:

Do you have a veterinarian? () Yes* () No * If yes, may we contact them for a reference? () Yes () No

Pet name(s) on file _____

Name of veterinarian _____ Phone _____

When did they last see a vet? _____ Will you allow a home check visit? _____

--- INTERNAL USE ONLY ---

Date application sent for review: _____ Form sent to: _____

APPROVED: () Yes () No Approved by: _____

Comments: _____