

Staff Use Only

Adoption Date _____

Animal Name _____

Inc # _____

Staff Initial _____



Seattle Humane
THE HUMANE SOCIETY
 FOR SEATTLE/KING COUNTY

13212 SE Eastgate Way
 Bellevue, WA 98005
 425-641-0080
 www.seattlehumane.org

Date: _____

Animal Name: _____

Inc #: _____

Kennel #: _____

Hold Date: _____

Hold Time: _____

First Hold Second Hold

Notify Avail Notify Adopt

No Show

PRE-ADOPTION QUESTIONNAIRE – RABBIT

Mr. Mrs. Ms. _____ Home Phone: _____

Street Address: _____ Work Phone: _____

City: _____ County: _____ State: _____ Zip: _____

Mailing Address (if different): _____

E-mail Address: _____

Employer: _____ Occupation: _____

Spouse/Partner Name: Mr. Mrs. Ms. _____

Spouse/Partner Employer: _____ Work Phone: _____

How Did You Hear About the Humane Society? Newspaper Radio TV Yellow Pages

Bus signs/Billboards www.seattlehumane.org Offsite Event/Venue Other: _____

The Humane Society for Seattle/King County is committed to providing the resources and support necessary to build lifelong relationships between people and their pets.

I CERTIFY THAT THIS INFORMATION IS TRUE AND UNDERSTAND THAT FALSE INFORMATION MAY RESULT IN NULLIFYING THIS ADOPTION.

I understand that this questionnaire remains the property of The Humane Society.

(Over 18 years) SIGNED _____ DATE _____

Thank you for completing this questionnaire. Please return it to the Adoption Desk so that we may review it with you. The entire adoption process usually takes at least one hour.

1. Briefly describe why you would like to adopt a rabbit. _____

Household:

2. Do you live in: House Parents House Condo Mobile Home Apt., Complex Name _____

3. Do you: Rent Own

4. Please list the names of all of your household members. Include ages for household members under age 18.

_____	_____
_____	_____
_____	_____

5. For whom are you adopting this pet? Self Children Family Gift Other Pet Other

6. Who will be primarily responsible for the care and supervision of the animal? _____

7. Will this rabbit be handled by children frequently? Yes No If yes, what ages? _____

8. Do any household members have known allergies to rabbits or hay? Yes No

(Please see other side.)

Long Term Pet Care:

- 9. What will happen to this rabbit if you move? _____
- 10. Are you prepared to accept the cost of a rabbit in the home? Yes No Don't Know
- 11. Do you have a veterinarian that works with rabbits? Yes No N/A Name of Clinic: _____
- 12. What type of diet will you provide your rabbit? _____
- 13. Describe the housing you have for your rabbit: _____

Animal Selection/Behaviors:

- 14. As an adult, have you owned a rabbit? Yes No If yes, what type(s)? _____
- 15. How many hours each day will you interact with the rabbit? _____
- 16. How many hours each day will the rabbit be out of a cage? _____
- 17. Please list the pets that you have had in the past **five** years (both current and those you no longer own):
 Breed/Type Age Sex Spayed/Neutered How long owned? What happened to him/her?

- 18. Do you want to house the rabbit indoors? Yes No If yes, when? _____
- 19. Do you want to house the rabbit outdoors? Yes No If yes, when? _____
- 20. How will you keep the rabbit confined in your yard when outdoors? _____
- 18. For what potential problems do you feel unprepared? *Please check all that apply.*
 Biting/scratching Housesoiling Not good with other animals Not good with children Chewing
 Digging Excessive Grooming Needs Medical Issues Allergies
 Other _____

*******FOR USE BY ADOPTION ADVISORS DURING DISCUSSION WITH ADOPTER*******

Reviewed by _____ Date _____ N/I P/I C/A Computer check: **Yes** **No** **Memo** **ID#** _____

Landlord Name: _____ Phone: _____ Assessors check: _____

Policy: _____

- Housing Breed Other Pets Diet Litterbox Activity In/Out Medical/Behavior notes

NOTES: _____
