

**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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_