

Staff use only:

Memo Date _____
Pet Req _____
Ref _____ Done _____
Adp# _____
Adp Date _____
Done by _____
Web Y N



**THE HUMANE SOCIETY
FOR SEATTLE/KING COUNTY**

13212 SE Eastgate Way
Bellevue, WA 98005-4408
(425) 641-0080
www.seattlehumane.org

Date: _____
INC#: _____
Kennel#: _____
(Hold Date _____ Time _____)
 1st 2nd 3rd 4th
Notif: Avail Adp 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 (optional): _____
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 Friend
 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 Townhouse 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 breed(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? _____
21. 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 ADVISOR DURING DISCUSSION WITH ADOPTER *****

Reviewed by _____ Date _____ N/I P/I C/A Computer check: _____

L/A Landlord Name: _____ Phone: _____ Assessors check: _____

Policy: _____

Litterbox Breed Other Pets Diet Housing In/Out

NOTES: _____
