

PRE-ADOPTION QUESTIONNAIRE

RABBIT/BUNNY

Adviser _____ Status _____

Contact Information

Name (First)		(Last)	
Street Address		APT #	
City		State & Zip	
Home Phone		Cell Phone	
Email			

Is this a rental property? YES NO

Does your landlord allow pets? YES NO

Have you researched your landlord/
HOA's pet policy and limitations? YES NO

Number of ADULTS in the household:
Number of CHILDREN in the household:
Ages of CHILDREN :
Do any members of your household have allergies to Rabbits?
On a typical day, how many hours will the Rabbit(s) be alone?
Is the rabbit's living area (hutch/cage) already set up? Please describe it:
In what ways and how often do you plan to interact with your pet rabbit?

What animal are you interested in meeting today?

CURRENT AND PRIOR PET HISTORY

Please list the pets that are or have been part of your family over the past 10 years. Please indicate their status using the following codes

0- Still Have

1- No Longer Have

Breed	Age	Species	Status
		Cat Dog Other	
		Cat Dog Other	
		Cat Dog Other	
		Cat Dog Other	
		Cat Dog Other	

My pets are:

Up-to-date on vaccinations? Yes No

Spayed or Neutered? Yes No

Under the care of a veterinarian? Yes No

Name of Vet Clinic _____

Seattle Humane is committed to litterbox training for rabbits. Can you continue with this training?

Are there any traits or bad habits that you would have a hard time tolerating or dealing with?

How much are you prepared to pay per year for the care of this pet (a healthy year typically costs \$1200)?

SIGNATURE AND CONSENT (over 18 years) X _____

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 Seattle Humane.

FOR OFFICE USE ONLY

Reviewed By _____ Date _____ Computer Check _____ ID# _____

Adopter Name _____ Pet ID _____ HOLD (PAID) ___ COMP ___ FOSTER ___

Litterbox		Cage bottom		Activity		Intro to Pets		Intro to home		In/out		Cost
Critical care/diet		All to meet		Other Pet		Landlord		Medical Consult		Behavior Consult		Waivers
Active Avail		Medical		Memos		Identification		Holds		Stage/location		File

***** Above For Office Use Only *****

_____ I accept that any animal's behavior is difficult to predict at any time and have been advised to engage in a slow introduction to the home and community, which includes people of all ages and animals.

_____ Rabbits are prone to bumblefoot, an ulcerated foot infection. I understand that this condition is believed to be exacerbated by inappropriate cages. I understand that the bottom of my rabbits cage should **NOT** be wire, mesh, or hard on their feet.

_____ I accept that this is strictly an indoor rabbit.

_____ I understand that a rabbit's health can fail quickly. My pet rabbit should be eating, drinking, urinating, and defecating daily. I will immediately notify my private veterinarian if my pet is not doing so.

_____ It has been explained that rabbits are not appropriate pets for children or as starter pets.

_____ I am prepared to provide fresh Timothy Hay daily.

_____ I am prepared to provide fresh greens, fiber-rich pellets, and fresh water daily .

_____ I realize that this rabbit needs enrichment and grooming.

_____ I have been advised to keep rabbit Critical Care (Mudbay) on hand at all times.

Signature

Date

Printed Full Name