



providing a safe haven to abused, abandoned, and neglected domestic rabbits and others

P.O. Box 7, Whittaker, MI 48190 • (734) 461-1726 • www.rabbitsanctuary.org

## Rabbit Adoption Application

NAME: \_\_\_\_\_

(Must be at least 18 years old. If adopter is a minor, parent or guardian must complete this form.)

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DAYTIME PHONE: \_\_\_\_\_ EVENING PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Do you own or rent your home? \_\_\_\_\_ If rent, does your lease allow rabbits? \_\_\_\_\_

Name of landlord: \_\_\_\_\_ Phone number of landlord: \_\_\_\_\_

May we contact landlord? \_\_\_\_\_ Are rabbits legal in your city? \_\_\_\_\_

Rabbit will be kept (circle one) indoors or outdoors. Can you adopt more than one? \_\_\_\_\_

Describe the housing you intend to use: \_\_\_\_\_

Describe the opportunities for exercise the rabbit will have: \_\_\_\_\_

Describe the companionship of people and other animals that the rabbit will have: \_\_\_\_\_

Describe the diet you will provide: \_\_\_\_\_

Have you had a rabbit before? \_\_\_\_\_

What happened to him/her? \_\_\_\_\_

Why do you want a pet rabbit? \_\_\_\_\_

Do you have other pets? \_\_\_\_\_ What kinds, how many and what are their ages? \_\_\_\_\_

Do you have a vet? \_\_\_\_\_ May we contact your vet? \_\_\_\_\_

Veterinarian's name: \_\_\_\_\_ Phone #: \_\_\_\_\_

On an average work/school day, how many hours is no one at home? \_\_\_\_\_

What will the rabbit do during this time? \_\_\_\_\_

Name of rabbit(s) you wish to adopt (if known): \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicants who are approved for adoption will be contacted promptly. Thank you!