



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

P.O. Box 7, Whittaker, MI 48190 • 734.985.9220 • 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: indoors outdoors. Can you adopt more than one? Yes No

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? Yes No

What kinds, how many and what are their ages?

Do you have a vet? Yes No May we contact your vet? Yes No

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!