

House Rabbit Society
Southeastern PA-Delaware Chapter

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<http://www.rabbit.org/chapters/se-pennsylvania/index.html>

Please answer the following questions before deciding on your potential rabbit. This is a pre-adoption screening application. You will not be officially approved to adopt until you visit the shelter. We try to ensure the best possible match between rabbit and adopter or between rabbit and rabbit (if this is a bonding situation).

Remember that this is a lifetime commitment. You will be asked to sign a legal contract when adopting. The adoption fee is \$85.00 for a single rabbit, \$140.00 for a pair and \$180.00 for a trio.

Keep in mind the following points:

- Rabbits must be indoors only.
- Rabbit must get a minimum of 30 hours of uncaged time/week.
- Rabbits may under no circumstances be declawed.
- Indoor rabbits live an average of 8 - 10 years. We are looking for those special adopters who will make every effort possible to keep their companion for their entire life despite life style changes (divorce, moving, etc.)
- Rabbits may not be adopted as gifts. All members of a household should visit the shelter to meet the prospective rabbit and apply for adoption.
- Rabbits will not be placed in a home where there is an unneutered or unspayed rabbit.
- We do not adopt rabbits to children. We DO adopt rabbits to families.
 - Parents/adults must fill out this application and sign the adoption contract. Please do not have your children call or email.
 - Primary caregiver MUST be an adult.
 - Applicants who under 18 yrs of age or who are living with parents must have a parent or legal guardian apply on their behalf.
- Renters must have landlord approval.

Approval Process

- Once you submit an application, it can take up to 2 weeks to get a response.
- Every question must be answered or the application will not be processed.
- If we have questions about your application, we will contact you. So please make sure that your contact info is correct.
- We will notify you when you are pre-approved. Pre-approval means that you can schedule an appointment. Final official approval will not be given until you come to the shelter.
- Most correspondence will be via email.

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RABBIT ADOPTION QUESTIONNAIRE

Thank you for filling out this questionnaire. The information you provide will help us help you find the rabbit who best fits with you and your family. Feel free to expand on any issue or ask any questions in the *Comments* section at the end. We welcome your feedback and suggestions!

Name: _____ Date: _____
Address: _____ Work Phone: _____
_____ Home Phone: _____
E-Mail: _____ Cell Phone: _____

Your Household

Please list family members and other people who live in your household, including roommates, students, etc.

First Name: _____ Age (if child): _____ // First Name: _____ Age (if child): _____
First Name: _____ Age (if child): _____ // First Name: _____ Age (if child): _____
First Name: _____ Age (if child): _____ // First Name: _____ Age (if child): _____

The primary caregiver will be: _____

Do all members of your household favor having a house rabbit? Yes No Undecided

Does any member of your household have allergies to animals or hay? Yes No Unknown

How many hours per day are you away from home? _____ Hours

Please describe the level of household activity: Quiet Active

Housing (check all that apply):

Own Rent Live with parents School Military
 House Condo Apartment Mobile home

Landlord's Name: _____ Phone Number: _____

How long have you lived at your present address? _____

Do you anticipate moving in the next two years? _____ If so, when? _____

Please give us two personal references from people who can attest to your commitment to your animals:

1. Name: _____ Phone Number: _____

Relationship to you: _____

2. Name: _____ Phone Number: _____

Relationship to you: _____

Who is your current veterinarian? _____ Phone Number: _____

May we contact him or her as a reference for you? Yes No I don't have a vet.

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Hopes and Expectations

Why did you select a house rabbit for a companion? _____

Have you had house rabbits before? Yes No

Do you have a rabbit now? Yes No

Are you looking for: a single rabbit a pair a companion for your bunny

Is there a specific rabbit in whom you are interested? _____

Why are you interested in him or her? _____

How long have you been thinking about and searching for a rabbit? _____

Please describe the level of research you have done to date on rabbits and rabbit care:

None yet

Information from: HRS Breeder Friend with rabbit experience House Rabbit Handbook

Other books on rabbit care Preliminary internet research Extensive internet research Pet store

Other: _____

How long do you expect to have your new rabbit? _____ years

I must have size: _____ lbs age: _____ breed/color: _____

a bunny I can hold a bunny who will sit in my lap

a litter trained bunny an affectionate bunny an easy-going bunny

a confident bunny a kisser a curious bunny

a quiet bunny an active bunny a playful bunny

other: _____

I don't want size: _____ lbs age: _____ breed/color: _____

a bunny I can't hold a bunny who won't sit in my lap

a messy bunny a chewer a digger

a shy or scared bunny a rambunctious bunny a big shedder

other: _____

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Pet History

Please list all animals, including rabbits, currently in the household:

1. Type: _____	Age: _____	Sex: _____	Spayed/Neutered? <input type="checkbox"/> Yes <input type="checkbox"/> No
Kept: <input type="checkbox"/> Inside <input type="checkbox"/> Outside <input type="checkbox"/> Both	How long has he/she been with you? _____		
Where did you get him/her? _____			
2. Type: _____	Age: _____	Sex: _____	Spayed/Neutered? <input type="checkbox"/> Yes <input type="checkbox"/> No
Kept: <input type="checkbox"/> Inside <input type="checkbox"/> Outside <input type="checkbox"/> Both	How long has he/she been with you? _____		
Where did you get him/her? _____			
3. Type: _____	Age: _____	Sex: _____	Spayed/Neutered? <input type="checkbox"/> Yes <input type="checkbox"/> No
Kept: <input type="checkbox"/> Inside <input type="checkbox"/> Outside <input type="checkbox"/> Both	How long has he/she been with you? _____		
Where did you get him/her? _____			
4. Type: _____	Age: _____	Sex: _____	Spayed/Neutered? <input type="checkbox"/> Yes <input type="checkbox"/> No
Kept: <input type="checkbox"/> Inside <input type="checkbox"/> Outside <input type="checkbox"/> Both	How long has he/she been with you? _____		
Where did you get him/her? _____			

Please describe the animals, including rabbits, no longer in your household:

1. Type: _____	Age: _____	Sex: _____	Spayed/Neutered? <input type="checkbox"/> Yes <input type="checkbox"/> No
Kept: <input type="checkbox"/> Inside <input type="checkbox"/> Outside <input type="checkbox"/> Both	How long was he/she with you? _____		
Where did you get him/her? _____			
What happened to him/her? _____			
2. Type: _____	Age: _____	Sex: _____	Spayed/Neutered? <input type="checkbox"/> Yes <input type="checkbox"/> No
Kept: <input type="checkbox"/> Inside <input type="checkbox"/> Outside <input type="checkbox"/> Both	How long was he/she with you? _____		
Where did you get him/her? _____			
What happened to him/her? _____			
3. Type: _____	Age: _____	Sex: _____	Spayed/Neutered? <input type="checkbox"/> Yes <input type="checkbox"/> No
Kept: <input type="checkbox"/> Inside <input type="checkbox"/> Outside <input type="checkbox"/> Both	How long was he/she with you? _____		
Where did you get him/her? _____			
What happened to him/her? _____			
4. Type: _____	Age: _____	Sex: _____	Spayed/Neutered? <input type="checkbox"/> Yes <input type="checkbox"/> No
Kept: <input type="checkbox"/> Inside <input type="checkbox"/> Outside <input type="checkbox"/> Both	How long was he/she with you? _____		
Where did you get him/her? _____			
What happened to him/her? _____			

Have you ever surrendered an animal to a shelter? Yes No

If so, please describe the circumstances: _____

Have you personally ever given away any of your pets? Yes No

If so, please describe the circumstances: _____

On-going Care

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If you currently have a rabbit or rabbits, please describe their current diet, including amounts and frequency of feedings:

What type of litter do you use? _____ How often do you change the litterbox? _____

Please describe your new bunny's living conditions:

Living Space: Cage: ___x___x___ Contained area: ___x___ Free Run

Location of living space: _____

Amount of play time per day: _____ hours Amount of time with people per day: _____ hours

How much money per month are you willing to budget to care for your rabbit? \$_____

Are you willing to take your rabbit to a vet for an annual checkup? Yes No

How much money are you willing to spend in a medical emergency for your rabbit? \$_____

When you leave home on vacations or business trips, how will you provide for your rabbit? _____

If you lose the rabbit, what will you do to find him or her? _____

What will you do if you can no longer care for your rabbit, such as if you lose your job or become sick? _____

What will you do in the event of a lifestyle change, such as a incurring a new family member; working more hours; getting a new pet; starting a new hobby; traveling more; or moving? _____

What are some signs or symptoms that your rabbit may be ill? _____

List all sources of Rabbit Education/Literature that you have read: _____

Your comments or questions: _____

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I hereby certify that all the information on this application is true, and I understand that false information may void this application and any future applications. I also understand that failure to comply with future requirements, could result in my inability to adopt more animals from this organization or confiscation of such animals.

Signature: _____

Date: _____

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Adopter Name: _____

Rabbit(s) Name(s): _____

Rabbit(s) ID#(s): _____

For Staff/Supervisor Use Only

Approved

Topics reviewed with adopter:

spay/neuter

litterbox training

bunny proofing

destructive behavior

veterinary care

cage requirements

bonding

expectations

feeding requirements

grooming

Adoption finalized? Yes No: Why not? _____

Staff/Supervisor's Name: _____

Date: _____

Adoption Follow-up

Comments: _____

Actions Necessary: _____

Staff/Supervisor's Name: _____

Date: _____

Denied

Reason for denial: _____

Comments: _____

Staff/Supervisor's Name: _____

Date: _____