



Wisconsin House Rabbit Society

ADOPTION QUESTIONNAIRE

The information you provide here will help us find the rabbit whom best matches you and your family. Feel free to expand on any issue or ask any questions in the *Comments* section at the end. Thank you for answering these questions as completely as possible. We welcome your feedback and suggestions!

First Name: _____ Middle: _____ Last: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Primary Phone: _____ Secondary Phone: _____

E-Mail: _____

Driver's License State: _____ Number: _____ Exp: _____ Date of Birth: _____

Household:

Please list the full name (First, Middle, Last) of all adults living in your household.

Name: _____ D.O.B: _____ Relationship to you: _____

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How many children live in your home? _____ What are the ages of the children? _____

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

If so, who and to what? _____

Please describe the level of household activity: Active Quiet

Housing (Please check all that apply): Own Rent Live with parents Residential School or Dormitory

Military House Condo Apartment Mobile home Farm

Landlord's Name: _____ Phone Number: _____

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

PET HISTORY: Please list all animals, including rabbits, currently in your household:

Name: _____ Species: _____ Breed: _____ Sex: _____ Spayed/Neutered? <input type="checkbox"/> Yes <input type="checkbox"/> No Age: _____ How long has he/she been with you? _____ Kept: <input type="checkbox"/> Inside <input type="checkbox"/> Outside <input type="checkbox"/> Both Where did you get him/her? _____
Name: _____ Species: _____ Breed: _____ Sex: _____ Spayed/Neutered? <input type="checkbox"/> Yes <input type="checkbox"/> No Age: _____ How long has he/she been with you? _____ Kept: <input type="checkbox"/> Inside <input type="checkbox"/> Outside <input type="checkbox"/> Both Where did you get him/her? _____
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Name: _____ Species: _____ Breed: _____ Sex: _____ Spayed/Neutered? <input type="checkbox"/> Yes <input type="checkbox"/> No Age: _____ How long has he/she been with you? _____ Kept: <input type="checkbox"/> Inside <input type="checkbox"/> Outside <input type="checkbox"/> Both Where did you get him/her? _____
(Add additional pets under comments section below)

If you currently have a rabbit(s): Do they have a current RHDV2 vaccination? Yes No Unsure

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

EXPECTATIONS:

Why are you interested in a house rabbit as a companion?

What type of personality are you looking for in a rabbit?

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 current rabbit

Is there a specific rabbit(s) 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: House Rabbit Society Friend with rabbit experience House Rabbit Handbook

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

Breeder Current veterinarian Other: _____

How long do you expect to have your new rabbit? _____ year/s

Are there any rabbit behaviors you would find unacceptable while living with a rabbit in your home?

Have you ever had to give up an animal? Yes No

If so, please describe the circumstances:

Do you agree to allow a WHRS representative to come to your home to do a preadoption home visit? Yes No

CARE:

Please describe your new rabbit's living environment:

Living Space: Cage: ___x___x___ Contained area: ___x___ Cage-free/Free-run

Location of living space: _____

Amount of time outside of cage/contained area per day: _____

Amount of time with people per day: _____

Please describe your new rabbit's diet, including amounts and frequency of feedings:

What type of litter do you plan to use in your new rabbit's litter box? _____

How often do you plan to change the litter box? _____

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

Are you willing/able to take your rabbit to a vet for an annual checkup/RHDV2 vaccination? Yes No Not sure

Rabbits are considered exotic pets by most veterinarians. Are you willing to seek out a rabbit-savvy vet and pay all necessary vet costs? Yes No Unsure

Comments, concerns, or questions you have:

I hereby certify that all the information on this application is true to the best of my knowledge, and I understand that intentionally providing false information may void this application and any future applications.

I also understand that any rabbit I adopt from Wisconsin House Rabbit Society shall be returned to said organization if I am unable to care for it.

Signature (typed name if completing electronically): _____ Date: _____