

Humane Society of Central Illinois

RABBIT ADOPTION APPLICATION (Staff use) ID # _____ ARK checked ____/____/_____

In order to be considered for an adoption you must: 1) be 21 years of age 2) have the knowledge and consent of all adults living in your household 3) have a valid ID with current address 4) understand that completing this application does not guarantee adoption and that the Humane Society of Central Illinois must approve your application.

Name _____ Date ____/____/_____
(Please print name(s) of all adults in the home)

Address _____

City _____ County _____ State _____ Zip _____

Home Phone _____ Work _____ Cell _____

If we may use e-mail to contact you, please include an address _____

DO YOU: Attend School _____ Work _____ Employer _____ Spouse's employer _____

DO YOU LIVE IN A: House _____ Apartment _____ Condo _____ Dorm _____ Mobile Home _____

DO YOU: Rent _____ Own _____ Live with Parents _____ Landlord's Name _____

Landlord's Address _____ Phone _____

How long at current address _____ If less than 1 year please list previous address and how long there _____

Please provide the following information about your household: Number of Adults _____ Number of Children _____

Ages of children _____ Who will be primarily responsible for the care (feeding, grooming, exercise and training) of your new pet? _____

Why would you like to adopt a pet from us? Please check all that apply. Companion _____ Gift _____ To Breed _____

For a Child _____ other _____

How many pets do you have now: Dogs _____ Cats _____ How many pets have you had in the last 5 years _____

Please list any pets you now have or have had in the past. If more space is needed use additional sheet.

<u>NAME</u>	<u>TYPE/BREED</u>	<u>AGE</u>	<u>SEX</u>	<u>ALTERED</u>	<u>WHY YOU NO LONGER HAVE</u>

Have you ever adopted an animal from a shelter? _____ If yes, Where? _____ When? _____

Are your current pets up to date on vaccinations and other necessary vet care? _____

What veterinarian would have records (past/present)? _____

Which veterinarian do you plan to use? _____

How much do you anticipate spending yearly on food, vet care and other expenses for your pet? _____

Have you had a rabbit before? _____ Where is he/she now? _____ Do you have the

proper cage and supplies? _____ Is your home and yard bunny-proofed? _____ Will you be able to supervise any

children around this rabbit? _____ Do you have animals that could endanger the rabbit? (Rabbits can die when

frightened by a predator.) _____ Where will you keep the rabbit? Inside _____ Outside _____

Do any members of your household have allergies? _____ To what? _____

Do you have any plans to move in the near future? _____ If at some time you do move, what will you do with your

pet? _____

What food will you use? _____ How often will you groom/brush? _____

A rabbit can live well over 10 years and requires a major commitment of time, finances and emotion. Why do you feel you

can make that kind of commitment at this time? _____

No rabbit will be adopted to anyone under the influence of drugs or alcohol, with a history of animal abuse, animal loss or multiple animal violations, or to anyone living in a transient state.

By signing below, I certify that the information given is true and correct and I recognize that any misrepresentation of facts will result in my losing the privilege of adopting a pet. I also give my veterinarian permission to release any vet care records and information about my current and past pets to the Humane Society of Central Illinois. I understand that this application is the property of the Humane Society of Central Illinois and that the Humane Society of Central Illinois has the right to deny my request to adopt.

Signature _____ Date ____/____/____

Signature _____ Date ____/____/____