

Animal interested in: _____

Humane Society of Central Illinois RABBIT ADOPTION APPLICATION

In order to be considered for an adoption you **must:** 1) **be at least 21 years of age** 2) have the knowledge and consent of all adults living in your household 3) have a valid I.D. 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.

Adopter _____
First Name _____ Middle _____ Last Name _____

Co-Adopter(s) _____
(Please print name(s) of all other adults in the home)

E-mail: _____ Add to HSCI email list

Address _____ **Unit #** _____

City _____ **County** _____ **State** _____ **Zip** _____

Primary Phone _____ **Alternate Phone** _____

Please send me information (email or text) on shelter events. Yes No

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

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

DO YOU: Rent _____ Own _____ Live with Parents _____ Parent's Phone _____

Landlord's Name _____ **Landlord's Phone** _____

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

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

Ages of children _____ **Do the children live in the home fulltime?** _____

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.

NAME TYPE/BREED AGE SEX FIXED? WHY YOU NO LONGER HAVE

Have you ever adopted from HSCI? _____ When? _____

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

What veterinarian would have those records? _____

Whose name are the vet records under? _____

What veterinarian do you plan to use? _____

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

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? _____

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 _____

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. In the event of an adoption, I authorize the Humane Society of Central Illinois to share my email and information with Hill's Science Diet and pet's microchip manufacturer. I authorize the Humane Society of Central Illinois to use my likeness in a photograph in any and all forms and media, including but not limited to publications, brochures, websites, exhibitions, digital media, social media such as Facebook, and any other printed or digital publications.

Signature _____ Date _____

Signature _____ Date _____

Staff use only: ID checked ____ / ____ / ____

Ark checked ____ / ____ / ____

Landlord checked: ____ / ____ / ____

Staff notes _____

