

Eastern Shore Rabbit Rescue & Education Center, Inc.  
5718 Main St. - P.O. Box 697  
Rock Hall, MD 21661  
410.639.7535 - adopt@esrrec.org

## ADOPTION APPLICATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
\_\_\_\_\_ Home Phone: \_\_\_\_\_  
E-Mail: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Driver License: \_\_\_\_\_ Exp: \_\_\_\_\_

### Your Household

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

Name: \_\_\_\_\_ Age: \_\_\_\_\_ // Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_ // Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_ // Name: \_\_\_\_\_ Age: \_\_\_\_\_

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? \_\_\_\_\_

Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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.

## 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: \_\_\_\_\_

## 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

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? \_\_\_\_\_

---

---

Your comments or questions: \_\_\_\_\_

---

---

Eastern Shore Rabbit Rescue & Education Center, Inc.  
5718 Main St. - P.O. Box 697  
Rock Hall, MD 21661  
410.639.7535 - adopt@esrrec.org

*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, such as spaying or neutering, could result in my inability to adopt more animals from this organization.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



Adopter Name: \_\_\_\_\_

Rabbit(s) Name(s): \_\_\_\_\_

**For ESRREC Staff 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? \_\_\_\_\_

ESRREC Staff Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Adoption Follow-up**

Comments: \_\_\_\_\_

Actions Necessary: \_\_\_\_\_

ESRREC Staff Name: \_\_\_\_\_

Date: \_\_\_\_\_

Denied

Reason for denial: \_\_\_\_\_

Comments: \_\_\_\_\_

ESRREC Staff Name: \_\_\_\_\_

Date: \_\_\_\_\_