

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: _____

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: _____

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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, 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: _____