



# Rabbit Haven

Sue Brennan  
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## Adoption Application

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

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

How did you hear about Rabbit Haven? \_\_\_\_\_

Please tell us why you would like to adopt a rabbit. \_\_\_\_\_

Have you adopted from Rabbit Haven before? \_\_\_\_\_ When? \_\_\_\_\_ Who? \_\_\_\_\_

Do you live in a house / apartment / trailer / other \_\_\_\_\_?

Do you rent / lease / own? If you rent or lease, do you have permission to keep a rabbit? \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_ Are you planning on moving soon? \_\_\_\_\_

What will you do with this rabbit if you move? \_\_\_\_\_

Are you adopting this rabbit for yourself / children / gift / other \_\_\_\_\_?

Who will be the primary caretaker of this rabbit? \_\_\_\_\_

Is there any member of the household allergic to rabbits? \_\_\_\_\_

Have you ever had a rabbit before? \_\_\_\_\_ When? \_\_\_\_\_

Will this rabbit live with another rabbit? \_\_\_\_\_ Is he/she neutered? \_\_\_\_\_

Will this rabbit live with other house pets? \_\_\_\_\_ Type? \_\_\_\_\_

Where will this rabbit live during the day? \_\_\_\_\_

Where will this rabbit sleep at night? \_\_\_\_\_

Are you willing to bunny proof your house or rabbit area? \_\_\_\_\_

Rabbits require specialized veterinary care. Do you have the name of a qualified veterinarian?

Who is your veterinarian? \_\_\_\_\_

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Parent, if under 18 years

-----for office use only-----

Rabbit Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_