

**THE HUMANE SOCIETY OF FAIRFAX COUNTY, INC.
RABBIT ADOPTION APPLICATION**

Date Application filed: _____

Volunteer initials: _____

Welcome to the Humane Society of Fairfax County, Inc. We're glad you've come to visit. We would like to help you find the right pet and understand its needs, so please fill out this application in detail. A volunteer will discuss it with you when you're finished. While we carefully monitor all of our animals, we have limited knowledge of their backgrounds. Therefore, we cannot guarantee the health, behavior, temperament, age or breed of any animal adopted from the Humane Society of Fairfax County, Inc.

Name: _____

Telephone: _____ (Home) _____ (Work) _____ (Cell)

Address: _____

Apt. # _____ **City** _____ **State** _____ **Zip** _____

Email address: _____

Are you under 18 years of age? Yes No

We perform home visits for every animal that is adopted. Please give explicit directions to your home:

Have you ever applied for or adopted an animal from HSFC? Yes No

If yes, when? _____

What was the outcome? _____

List all the animals you owned or lived with in the past five years:

Type of animal: _____ Name of animal: _____

Age of animal: _____ Sex of animal: _____ Spayed or Neutered: Yes No

Time owned by you: _____ Where is the animal housed: _____

Do you still own the animal? Yes No

If not what happened to the animal: _____

Type of animal: _____ Name of animal: _____

Age of animal: _____ Sex of animal: _____ Spayed or Neutered: Yes No

Time owned by you: _____ Where is the animal housed: _____

Do you still own the animal? Yes No

If not what happened to the animal: _____

What veterinarian sees and vaccinates your pets (name of vet)? _____

Veterinary clinic/hospital name: _____

Veterinary clinic/hospital phone number: _____

Why do you want to adopt a rabbit? _____

Do you own or rent your home? Own Rent

Do you live in a: House Apartment Condo Townhouse Duplex With parents

Does the place where you live have any restrictions on pets, such as weight, type or number of pets?

If so, what are they: _____

Name of Apartment or Condo Complex: _____

Landlord or Manager's Name (if known): _____ Phone #: _____

How many adults live in your home? _____ Children? _____ Ages of Children: _____

Is there anyone home during the day? Yes No At night? Yes No

Do you think rabbits should go outside? Yes No

If yes, why? _____

If no, why? _____

Will this cat be going outdoors? Yes No Why? _____

Who will be responsible for the rabbit's care:

Feeding _____ Exercise _____ Grooming _____ Training _____ Expenses _____

How were you referred to The Humane Society of Fairfax County? _____

This rabbit may require spay/neuter surgery or other medical expenses following adoption.

Are you prepared to take on these expenses? Yes No

Because it is very stressful for a rabbit to go from home to home, we hope to place each one in a caring home for the rest of its life, which could be up to 10 years. Are you prepared to make this commitment?

Yes No

What will happen to the rabbit if you have to move? _____

In an effort to ensure the rabbit's lifelong well-being, we screen our adopters very carefully and sign a legal contract with them. If at some point, you can no longer care for the rabbit we require that you return it to us. This way, the rabbit may be re-adopted to other qualified applicants and once again be protected by a legal contract. How do you feel about this? _____

This rabbit may take several weeks or months to fully adjust to you, your home and your animals. How would you ease the adjustment? _____

Do you believe in spaying or neutering? Yes No

Why or why not? _____

Do your present pets have a current license and have they been vaccinated this year? Yes No

If approved, when would you be able to take this rabbit home? _____

Which of these subjects would you like to learn more about?

- Litter training Feeding Introducing new pets to pets at home
 Grooming/Fleas Household dangers

What type of rabbit are you looking for?

- Adult Companion rabbit to other pet
 Young 2 compatible rabbits
 Short hair Long Hair
 Particular Breed Children's pet

I understand HSFC is looking for the best possible home for this companion animal. I further understand HSFC can and will use its sole discretion to determine the best qualified candidate for this animal.

I understand you will be contacting my veterinarian for the vaccination and health history of the pets I currently own or have owned in the past. I release, through my signature on the application, my veterinarian to provide that information to you. I am aware that prior to placement of a pet from the HSFC, my currently owned pets, for their protection, must be up-to-date on needed vaccinations.

I certify that all the information in this application is true, and I understand that false information may void this application.

Signature: _____ Date: _____

To Be Filled in by Adoption Official Only

Information on requested rabbit(s):

Names(s): _____ Age: _____ Sex: _____ S/N: Yes No

Description(s): _____

Medical History: _____

Other information: _____

Medical work pending: _____

Health check on applicant's pet(s):

Current Medical Records: _____

Veterinarian Comments: _____

Date Health Check completed: _____

Name of person completing health check: _____

Applicant's drivers license number: _____

Landlord/apartment approval (name of person and date spoken with): _____

Home check information:

Date Home Check completed: _____

Approved Disapproved Why: _____

Comments: _____

Signature of home check volunteer: _____

Printed name of home check volunteer: _____
