



RABBITS

Staff Use Only:

Date
Person #
Animal #
Counselor
Media

Fax Number: (403) 723-6052

SO YOU WANT TO ADOPT A RABBIT? ADOPTION APPLICATION TELL US ABOUT YOURSELF

Name _____ Phone (Day) _____ (Evening) _____

Address _____ Driver's License No. _____

City _____ Province _____ Postal Code _____ E-mail _____

Have you previously adopted from Calgary Humane Society? _____

Are you a homeowner or renter? _____

TELL US ABOUT YOUR FAMILY

List all people currently living in the home:

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Does anyone in the home have allergies to animals? _____

TELL US ABOUT YOUR PETS

List all pets living in the home:

Name: _____ Species: _____ Breed: _____ Spayed/Neutered (please circle)

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No current rabbit(s)? How long ago did you live with a rabbit? _____

What happened to your previous rabbit? _____

Where do you plan on housing the rabbit? _____

How much time will you have each day to exercise your rabbit? _____

MORE INFORMATION

Please circle items you would like more information on:

- | | | | | |
|-------------------|-------------------------|---------------------|----------------------------|---------------------|
| Litter training | Nutritional information | Handling | Grooming and nail trimming | Housing setup |
| Adjustment period | Toys and bedding | Yearly pet expenses | Cleaning | Destructive chewing |

RABBIT LIFESTYLE SURVEY

Our goal is to match you and your family with the best rabbit for your lifestyle and the questions below will help us get started.

I am adopting this rabbit as a:

a friend for my current rabbit a family companion a companion for: _____

The primary caregiver of this rabbit will be: _____

Describe the rabbits living area (size, location): _____

These characteristics are important to me:

Friendly	Low energy level	Quiet
Playful	Medium energy level	Minimal grooming
Independent	High energy level	Social

HOLD POLICY

STAFF USE ONLY

Name: _____ Ref. Number: _____

I understand a complimentary hold will be placed if it is too late in the day to complete the adoption process. I understand that this hold on _____ at _____ a.m./p.m. and will not be extended.

Adopter's Signature _____ Date _____