Animal Welfare Association

DATE_____ LAST NAME_____ FIRST NAME_____

ADDRESS_____ CITY_____ STATE_____ ZIP_____

HOME PHONE_____ ALT. PHONE_____ EMAIL_____

1	I have owned a rabbit before	YES	NO			
2	The last time I had a rabbit was	2-10 years ago	More than 10 years ago			Within the last year/presently
3	My rabbit needs to get along with my other rabbit(s)	NO				YES ←*List their names, ages, and genders*
4	My rabbit needs to be good with *(circle all that apply)*	Children over 8 years old	Children under 8 years old Elderly people			Dogs Cats Animals other than dogs or cats
5	My rabbit will be an	Inside rabbit only	Inside/Outside rabbit			Outside rabbit only
6	My rabbit will have exercise time out of the cage regularly	YES		MAYBE		NO
7	I can work with a rabbit that is not used to being handled		NO		YES	MAYBE
8	My rabbit will be kept	Loose in the house	In a cage in the house	Confined to one room in the house		In the garage In the yard or hutch
9	I want my rabbit to be the type that is very affectionate and seeks out attention		Not necessarily	Somewhat	Very	
10	I want my rabbit to be playful		Not necessarily	Somewhat	Very	
11	I need my rabbit to be litter-trained		YES	OK if still learning	NO	
12	I am interested in a rabbit with "special needs"(medical or behavioral)			NO	YES	MAYBE

13	How much do you think you'll spend yearly for the care of your rabbit? (Food, hay, housing, medical care, toys, etc) $_____

FOR OFFICE USE ONLY: 3-4-5-6-7-8-12-13

FOR STAFF USE:

ADOPTION COUNSELOR:_____

The adopter is interested in adopting:_____**Animal ID#:**_____

- ❑ Homeowner
- ❑ Renter (circle one)

HOUSE APARTMENT CONDO DUPLEX MOBILE HOME PARENTS

Veterinarian:_____Phone:_____

DISCUSSION TOPICS COVERED:

GENERAL PET CARE:

- ❑ Safe Handling
- ❑ Litterbox Training
- ❑ Routine Health Care (Diet/Hay/Nails/Weather)
- ❑ Adopter would like an information packet

RABBIT'S LIKELY CHARACTERISTICS:

- ❑ Activity Level
- ❑ Independence

INTRODUCTIONS:

- ❑ Introducing other pets
- ❑ Children

POSSIBLE BEHAVIOR ISSUES:

- ❑ Destructive Behavior/Chewing
- ❑ Litterbox Use

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