



special bunny

special bunnies need special love

email to angie@specialbunny.org

Angie Green: 206.351.2637

www.specialbunny.org

Carnation, WA

ADOPTION APPLICATION

Which rabbit(s) are you interested in? _____

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Numbers: Home: _____ Mobile: _____ Work: _____

E-Mail Address: _____

How did you hear about Special Bunny? _____

Have you adopted from Special Bunny before? _____ When? _____ Who? _____

Household Information

Do you live in a house, apartment, condo or other structure? _____

Do you own, rent or lease your home? _____ Do you have your landlord's permission to keep a rabbit? _____

*If renting, do you have a letter of permission from your landlord to verify you are allowed to keep a rabbit? _____

How long have you lived at your current address? _____

Please list the name and relationship to you of each member of your household – please include ages if under 21. (i.e. James, spouse, over 21. Kendra, roommate, 19.)

Does anyone in your household have allergies? _____ If yes, please describe: _____

Does everyone in the household agree to this rabbit becoming a part of the family? _____

Rabbit Care

Why do you want to adopt a rabbit companion?

ADOPTION APPLICATION, CONTINUED

Who is this rabbit for and who will be the primary caretaker? _____

Are you a first time rabbit owner? _____ If not, please describe your previous rabbit(s) and if they are still living with you.

Do you currently have any animal companions? _____ If yes, please complete the information below:

Name	Species	Breed	Age	Sex	Altered	Indoor, Outdoor or Both?

Will this rabbit live with another rabbit? _____ Is s/he altered? _____

Will this rabbit live with any non-rabbit companions? _____ Type? _____

How do you plan on housing your pet rabbit?*

***All housing must be preapproved and a picture provided to Special Bunny before adoption.**

Where will this rabbit live during the day? _____ At night? _____

Are you willing to bunny proof your home or area of your home that this rabbit will have access to? _____

How many hours each day will you be interacting with this rabbit? _____

What will happen to this rabbit if you go on vacation/out of town? _____

Are you prepared to take this rabbit with you if you move? _____

Please mark the circumstance(s) you would feel the need to bring back this rabbit to Special Bunny:

- | | |
|---|--|
| <input type="checkbox"/> Chewed cords and/or furniture
<input type="checkbox"/> Sheds too much
<input type="checkbox"/> Have to move
<input type="checkbox"/> Not enough time
<input type="checkbox"/> Having a baby
<input type="checkbox"/> Got another companion animal | <input type="checkbox"/> Child/household members bored with rabbit
<input type="checkbox"/> Too messy
<input type="checkbox"/> Too hard to care for
<input type="checkbox"/> Allergies
<input type="checkbox"/> Required vet care too expensive
<input type="checkbox"/> Would not give up under any circumstance |
|---|--|

ADOPTION APPLICATION, CONTINUED

Rabbits require specialized veterinary care. Do you have the name of a qualified veterinarian? (If not, we can help you find a rabbit savvy vet in your area). _____

Is there anything else you would like to tell us?

I certify that the information above is true and correct to the best of my knowledge.

Signature: _____ Date: _____

[email completed form to angie@specialbunny.org](mailto:angie@specialbunny.org)