Heartland Rabbit Rescue
Adoption Questionnaire

Name: ______________________________________________

Address: ______________________________________________________________________________

Phone number: _________________________________________________________________________

Have you adopted from us before? □ Yes □ No
If Yes, explain: _______________________________________________________________________

I am looking for…
□ A single bunny □ A bonded pair

I am interested the bunny named: _______________________________________________________________

This adoption is for
□ Myself □ My child □ As a gift

This bunny will live mostly
□ Inside □ Outside □ Both

Please estimate the amount of time
Inside ________% Outdoor ________%
Garage ________% Other ________%

How long will the bunny be alone each day? ________ hours

When alone, where will the bunny stay? ______________________________________________________

Please list your current pets:
□ Rabbits How many? ________
□ Dogs How many? ________
□ Cats How many? ________
□ Birds How many? ________
□ Reptiles How many? ________
□ Other How many? ________

Of your pets how many live:
Inside ________ Outside ________

How many of your pets are spayed/neutered?

Have you had pets in the past? □ Yes □ No

What became of them?

__________________________________________________________

Are you willing to pay for veterinary care if this rabbit becomes sick or injured? □ Yes □ No

Are you willing to ensure this bunny receives yearly veterinarian check-ups? □ Yes □ No

Would you object to a home visit by one of our volunteers? □ Yes □ No
I/we □ Rent □ Own □ a… □ House □ Condo
□ Mobile Home □ Apartment
□ Other □ How long? ______

Has your Landlord or Home Owners Association given permission for a rabbit to reside with you?
□ Yes Name: __________________
□ Pet deposit required Phone: _____________
□ No □ N/A

Are you planning to move in the next few years?
□ Yes □ No

If yes, what will become of the bunny?
__________________________________________________________________________

How many people reside in your home?
Adults ________ Children ________
Ages: _____________

Who will be the bunny’s primary care giver? Name: _________________________________

How will this bunny be cared for when you or the primary care giver are out of town?
__________________________________________________________________________

Is anyone in your home allergic to animals?
□ Yes □ No

What will you do if someone becomes allergic to this rabbit?
__________________________________________________________________________

Rabbits will eat plants on chew on just about everything. What precautions are you willing to take to protect this bunny and your home?
__________________________________________________________________________

Rabbits need daily exercise. When and where will the bunny be able to get its exercise?
__________________________________________________________________________

What kind of rabbit behavior do you feel that you CAN NOT tolerate?
__________________________________________________________________________

Under what circumstances would you NOT be able to keep this rabbit?
__________________________________________________________________________

Would you like a veterinarian referral?
□ Yes □ No

Would you like info on caring for rabbits?
□ Yes □ No

Would you be interested in volunteer work?
□ Yes □ No

How did you hear about our organization?
__________________________________________________________________________

Please return completed questionnaire to:
Heartland Rabbit Rescue
PO Box 224, Blanchard, OK 73010

Or you can submit it by email @ heartlandrabbitrescue@yahoo.com