Capital Area
Humane Society
adopt adore advocate

# Rabbit Adoption Application

Thank you for your interest in adopting from the Capital Area Humane Society! We are excited to help you find an animal to join your family. Please take a moment to complete the following information and return this form to an Adoptions Counselor or matchmaker volunteer when you are finished.

Name: _____ Date: _____
First Last

Address: _____
Street City State Zip

Home Phone: _____ Alternate Phone: _____

Email Address: _____

Rabbit's Name: _____ ID # _____

Are you at least 18 years of age? YES NO

Do you own or rent your home? OWN RENT

Please provide the name & phone for your landlord: _____

Have you had a rabbit before? When and for how long?_____

How many adults and children currently live in your home? _____ Adults _____ Children

Does anyone in your home have allergies to rabbits? YES NO

Does everyone in the home agree with getting a new rabbit? _____

Who will be primarily responsible for caring for this rabbit? _____

How many and what kinds of pets are currently in your home? Please list them.

_____

_____

Who is your *current* veterinarian? _____

When did you last visit your veterinarian? _____

How and where will you house your new rabbit?

_____

Please list an alternate contact for your rabbit's microchip registration:

Name: _____ Phone: _____