

Please help us provide great care for this animal by thoroughly completing the following information. Thank you!

Owner Name: _____	Date: _____
<small>First</small> <small>Last</small>	
Address: _____	
<small>Street</small>	<small>City</small> <small>State</small> <small>Zip</small>
Home Phone: _____	Alternate Phone: _____

Rabbit's Name: _____ Reason for surrender: _____

To your knowledge, has this animal bitten anyone within the past ten (10) days? YES NO

If yes, please describe the incident: _____

Please review and sign below acknowledging the following:

- I am the owner of this animal or the owner's representative acting upon the owner's consent.
- I understand that I will be charged a non-refundable fee to admit this animal to the Capital Area Humane Society for evaluation. If I attempt to reclaim this animal, I will be charged a redemption fee.
- I understand that the CAHS is a nonprofit organization serving nearly 14,000 animals a year whose mission is to fight animal cruelty, help animals in need and advocate for their wellbeing.
- Animals with illness or contagious disease, animals with age-related problems, and animals that pose a health or safety risk to people or other animals and cannot be handled safely are not candidates for our adoption program and may be humanely euthanized. CAHS cannot guarantee adoption or placement of any animal. Sometimes health, age, or behavioral problems present after admission, or our veterinarian/staff discover them upon examination or evaluation. Animals may also be humanely euthanized if appropriate housing and care are not available.
- I understand that whether or not this animal is made available for adoption is at the discretion of the Capital Area Humane Society and that if I have questions regarding the disposition of this animal, I should ask them now.
- My signature below reflects that I read and understand the above information and that I am releasing all rights and claims for this animal to the Capital Area Humane Society.

Print Name: _____ Signature: _____ Date: _____

For Office Use Only...

Breed: _____	Color: _____	Intake Condition: _____
Age: _____	Sex: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> NM <input type="checkbox"/> SF	Room: <input type="checkbox"/> G <input type="checkbox"/> Other: _____
PetPoint ID: _____	Person PP ID: _____	Staff: _____
Photo ID? <input type="checkbox"/> Yes <input type="checkbox"/> No	Fee Received: _____	<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Charge

Surrendered Rabbit Profile

STAFF: _____

DATE: _____

I originally got my rabbit from: _____ I've owned him/her for: _____ yrs.

My rabbit's enclosure is

- A cage An outdoor hutch An exercise pen None—Free roaming
 Other: _____

My rabbit spends this much time outside of his/her enclosure:

- None Less than 1 hour 1-2 hours 2-4 hours 4 or more hours

My rabbit has lived with: Other Rabbits Dogs Cats Other: _____

When my rabbit is around other rabbits, they usually: Snuggle & play Fight Ignore each other

My rabbit usually behaves in the following way around:

- | | | | | | |
|-----------|-----------------------------------|------------------------------|--------------------------------------|-------------------------------------|----------------------------------|
| Cats: | <input type="checkbox"/> Friendly | <input type="checkbox"/> Shy | <input type="checkbox"/> Indifferent | <input type="checkbox"/> Aggressive | <input type="checkbox"/> Unknown |
| Dogs: | <input type="checkbox"/> Friendly | <input type="checkbox"/> Shy | <input type="checkbox"/> Indifferent | <input type="checkbox"/> Aggressive | <input type="checkbox"/> Unknown |
| Children: | <input type="checkbox"/> Friendly | <input type="checkbox"/> Shy | <input type="checkbox"/> Indifferent | <input type="checkbox"/> Aggressive | <input type="checkbox"/> Unknown |
| Strangers | <input type="checkbox"/> Friendly | <input type="checkbox"/> Shy | <input type="checkbox"/> Indifferent | <input type="checkbox"/> Aggressive | <input type="checkbox"/> Unknown |

My rabbit has a litter box in his/her living space: Yes No

If yes, how often does he/she use the litter box? Always Sometimes Never

My rabbit uses this type of litter: _____

My rabbit usually eats: (check all that apply)

- Hay Green vegetables Carrots and/or fruit Treats: _____
 Pellets (List Brand): _____ Other: _____

My rabbit was last seen by a veterinarian on: _____ at _____
DATE VET PRACTICE NAME / VET'S NAME

My rabbit is already spayed or neutered Yes No Not Sure

If yes, at which veterinary clinic was the surgery performed? _____

My rabbit has the following health concerns: _____

Other helpful information about my rabbit:

