

**Humane Society of Central Illinois RABBIT ADOPTION APPLICATION** (Staff use) ID # \_\_\_\_\_

How did you hear about HSCI? \_\_\_\_\_ Animal interested in: \_\_\_\_\_

In order to be considered for an adoption you must: 1) be 20 years of age 2) have the knowledge and consent of all adults living in your household 3) have a valid ID with current address 4) understand that completing this application does not guarantee adoption and that the Humane Society of Central Illinois must approve your application.

Name \_\_\_\_\_ Date \_\_\_\_\_  
(Please print name(s) of all adults in the home)

Email \_\_\_\_\_  Add to HSCI email list

Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

DO YOU: Attend School \_\_\_\_\_ Work \_\_\_\_\_ Employer \_\_\_\_\_ Spouse's employer \_\_\_\_\_

DO YOU LIVE IN A: House \_\_\_\_\_ Apartment \_\_\_\_\_ Condo \_\_\_\_\_ Dorm \_\_\_\_\_ Mobile Home \_\_\_\_\_

DO YOU: Rent \_\_\_\_\_ Own \_\_\_\_\_ Live with Parents \_\_\_\_\_ Landlord's Name \_\_\_\_\_

Landlord's Address \_\_\_\_\_ Phone \_\_\_\_\_

How long at current address \_\_\_\_\_ If less than 1 year please list previous address and how long there \_\_\_\_\_

Please provide the following information about your household: Number of Adults \_\_\_\_\_ Number of Children \_\_\_\_\_

Ages of children \_\_\_\_\_ Who will be primarily responsible for the care (feeding, grooming, exercise and training) of your new pet? \_\_\_\_\_

Why would you like to adopt a pet from us? Please check all that apply. Companion \_\_\_\_\_ Gift \_\_\_\_\_ To Breed \_\_\_\_\_  
For a Child \_\_\_\_\_ Other \_\_\_\_\_

How many pets do you have now: Dogs \_\_\_\_\_ Cats \_\_\_\_\_ How many pets have you had in the last 5 years \_\_\_\_\_

Please list any pets you now have or have had in the past. If more space is needed use additional sheet.

NAME      TYPE/BREED      AGE      SEX      ALTERED      WHY YOU NO LONGER HAVE

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are your current pets up to date on vaccinations and other necessary vet care? \_\_\_\_\_

What veterinarian would have records (current/past)? \_\_\_\_\_

Which veterinarian do you plan to use? \_\_\_\_\_

Have you ever adopted an animal from a shelter? \_\_\_\_\_ If yes, Where? \_\_\_\_\_ When? \_\_\_\_\_

How much do you anticipate spending yearly on food, vet care and other expenses for your pet? \_\_\_\_\_

Have you had a rabbit before? \_\_\_\_\_ Where is he/she now? \_\_\_\_\_ Do you have the

proper cage and supplies? \_\_\_\_\_ Is your home and yard bunny-proofed? \_\_\_\_\_ Will you be able to supervise any

children around this rabbit? \_\_\_\_\_ Do you have animals that could endanger the rabbit? (Rabbits can die when

frightened by a predator.) \_\_\_\_\_ Where will you keep the rabbit? Inside \_\_\_\_\_ Outside \_\_\_\_\_

Do any members of your household have allergies? \_\_\_\_\_ To what? \_\_\_\_\_

Do you have any plans to move in the near future? \_\_\_\_\_ If at some time you do move, what will you do with your

pet? \_\_\_\_\_

What food will you use? \_\_\_\_\_ How often will you groom/brush? \_\_\_\_\_

A rabbit can live well over 10 years and requires a major commitment of time, finances and emotion. Why do you feel you

can make that kind of commitment at this time? \_\_\_\_\_

No rabbit will be adopted to anyone under the influence of drugs or alcohol, with a history of animal abuse, animal loss or multiple animal violations, or to anyone living in a transient state.

By signing below, I certify that the information given is true and correct and I recognize that any misrepresentation of facts will result in my losing the privilege of adopting a pet. I also give my veterinarian permission to release any vet care records and information about my current and past pets to the Humane Society of Central Illinois. I understand that this application is the property of the Humane Society of Central Illinois and that the Humane Society of Central Illinois has the right to deny my request to adopt. I authorize the Humane Society of Central Illinois to use my likeness in a photograph in any and all forms and media, including but not limited to publications, brochures, websites, exhibitions, digital media, social media such as Facebook, and any other printed or digital publications.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Staff use only:

ARK checked \_\_\_\_/\_\_\_\_/\_\_\_\_

Staff notes \_\_\_\_\_

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