

**NEW MOON RABBIT RESCUE  
ADOPTION APPLICATION**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Year of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**GENERAL**

1. Do you currently:

- Rent
- Own
- Other: \_\_\_\_\_

2. If renting, does your agreement permit the keeping of pets? Please note that New Moon Rabbit Rescue may request a signed letter from your landlord.

- Yes
- No

3. How many adults live in your household? .

3a. How many children and what are their ages? \_\_\_\_\_

4. Who will be the primary caregiver of this rabbit? \_\_\_\_\_

5. Does anyone in your household have allergies to pets or hay?

- Yes
- No

6. Do you plan on using this rabbit as a classroom rabbit, demonstration, as part of a magician's act, etc.?

- Yes
- No

6b. If so, please explain. \_\_\_\_\_  
\_\_\_\_\_

**OTHER PETS**

7. Have you ever surrendered, sold or given away a pet?

- Yes
- No

7b. If so, what type of animal and what were the circumstances?

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8. Do you currently have any other pets?

- Yes
- No

9. If so, please list:

Type	Breed	Age	Altered?
<hr/>	<hr/>	<hr/>	<hr/>
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10. Do you anticipate any difficulties with your other pets accepting a rabbit?

- Yes
- No

11. If there are problems how will you overcome these difficulties?

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### VETERINARY CARE

12. Do you have a rabbit savvy vet?

- Yes
- No

Name of Clinic: \_\_\_\_\_

Phone: \_\_\_\_\_

Name of Vet(s): \_\_\_\_\_

13. Do you plan on yearly check ups?

- Yes
- No

14. Health issues in rabbit can arise suddenly and without warning. They will require immediate medical attention. Because of this, emergency trips to the vet clinic can sometimes become costly.

Are you prepared to deal with this if the situation occurs?

- Yes
- No

### CURRENT RABBITS

15. Will this be your first rabbit?

- Yes
- No

(if this is your first rabbit please skip to next section)

16. If this is not your first rabbit, do you still own this/these rabbit(s)?

- Yes
- No

17. What are the circumstances under which you no longer have this/these rabbit(s)?

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18. Does your current rabbit(s) have any medical conditions?

- Yes
- No

If so, please explain: \_\_\_\_\_  
\_\_\_\_\_

### BONDING

19. Do you plan to bond your existing rabbit to your new rabbit?

- Yes
- No

(Please skip section if no bonding to current rabbit(s) is planned)

20. Is your current rabbit spayed or neutered?

- Yes
- No

21. Do you plan on spaying or neutering your current rabbit(s) before any introductions take place? Please note that introductions should not take place immediately following surgery, as recovery time is necessary.

- Yes
- No

22. Have you ever bonded rabbits before?

- Yes
- No

23. What methods do you plan to use for bonding? \_\_\_\_\_

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24. If bonding is unsuccessful what would be your plans in dealing with this issue? \_\_\_\_\_

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### AT HOME

25. Where will your new rabbit be housed? Please check all that apply.

- |                                    |  |
|------------------------------------|--|
| <input type="radio"/> Indoors      | <input type="radio"/> Outdoors               |
| <input type="radio"/> Free-Roaming | <input type="radio"/> Partially Free-Roaming |
| <input type="radio"/> Caged        | <input type="radio"/> Other                  |

(Please note that New Moon Rabbit Rescue may request to see photographs if the rabbit is to be partially caged.)

26. If your rabbit is to be at least partially free-roaming, please provide details as to how you will be/have been rabbit-proofing your house or apartment. Please note that New Moon Rabbit Rescue may request to see photographs.

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27. New Moon Rabbit Rescue spays or neuters all rabbits that come into its care. This eliminates many undesirable behaviours such as digging, chewing and spraying. However, some rabbits may still exhibit behaviours that are unacceptable to the owner. How do you intend to deal with these issues should they arise?

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