



ADOPTION APPLICATION

Thank you for your interest in adopting a homeless rabbit! The Minnesota Companion Rabbit Society is an all-volunteer, member-supported non-profit organization dedicated to improving the lives of companion rabbits. The goal of MCRS' adoption program is to match rabbits with families to best accommodate the needs and interests of both. Please complete the following application so we can get to know you better and to begin the adoption process.

Name _____ Date _____

Address _____ City _____ ST _____ ZIP _____

Phone Number _____ Email _____

Best time/method to contact _____

Driver's License (or MN ID) _____ (will also need to be shown at time of adoption)

How did you hear about MCRS? My veterinarian A friend Pet Expo MCRS event
 MCRS website PETCO – city? _____ Other: _____

1. Are you at least 18 years old? Yes No
2. Housing: Own Rent
 If you rent, do you have permission from your landlord to own a rabbit? Yes No

3. What are your reasons for adopting a rabbit? (Circle all that apply)
- Companion for me For the children Companion for other rabbit/pets Classroom pet
- Other _____

4. What characteristics are you looking for in your new companion? If a specific rabbit, please include name.
- _____
- _____

5. Please tell us the people in your household.

Relationship to adopter	Age, if minor	Role in care of rabbit	Primary Care Giver
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

6. Please describe any companion animals currently in your household.

Species	Age	Check here if sterilized	Primarily lives where? (outdoors, indoor cage, indoor free roam, etc)
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	

7. Please list any companion animals who have lived with you in the past 5 years, but do not currently.

Species	Check here if sterilized	Primarily lived where?	Where are they now?
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

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8. Rabbits can live 12 or more years. Are you committed to providing for this rabbit for their entire life? Yes No Not sure
9. Does anyone in household have animal or grass/hay allergies? Yes No Not sure
If so, describe how you plan to manage the allergies: _____

10. Are you willing & able to make accommodations for rabbit's natural tendency to chew/dig/etc? Yes No Not sure
11. If your rabbit's behavior is troublesome to you how long are you willing to work towards modifying any behaviors that may develop? _____
12. If you have other companion animals, how do you plan to introduce your new rabbit to the current residents? If you would like more info on introductions, check here:

13. Please describe where your rabbit will spend its days, and if different, nights. _____

14. Rabbits require regular exercise. How much time do you think your rabbit will be able to exercise over the typical week? _____
15. If you plan to give your rabbit outdoor exercise, how will your rabbit be supervised/protected?

16. Rabbits have sensitive digestive systems, so their diet is very important to keeping them healthy. Please describe your rabbit's daily menu. If you would like more info on rabbit diet, check here:

17. Do you have a current veterinarian, if so please indicate name & clinic here: _____

18. Do you know if your vet is well-versed in the unique needs of rabbits? Yes No Not sure
19. Different communities have permit requirements for rabbits and limits on total number of animals per household. Are you familiar with your local animal ordinances regarding:
- | | | |
|---------------------------------|------------------------------|-----------------------------|
| Licensing/permits for rabbits | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Number of animals per household | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Please note that:

- Ø The Minnesota Companion Rabbit Society may deny any application.
- Ø The fee paid at the point of adoption is non-refundable.
- Ø After the adoption is completed, all expenses (including medical expenses) are solely the adopter's responsibility.

By signing below, you are certifying that the information given on this application is true and complete.

Signature _____ Date _____

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