

HOP ON HOME RABBIT SANCTUARY, INC.

*Hop on home to where the heart is.* | [www.hoponhome.org](http://www.hoponhome.org) | [info@hoponhome.org](mailto:info@hoponhome.org)

23 St. John's Drive, Gansevoort, NY 12831

## ADOPTION APPLICATION

Applicant Name: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Phone: (        ) \_\_\_\_\_

How did you hear about Hop on Home Rabbit Sanctuary, Inc.? \_\_\_\_\_

Please tell us why you would like to adopt a rabbit.

\_\_\_\_\_

\_\_\_\_\_

Have you adopted a rabbit before? \_\_\_\_\_ When? \_\_\_\_\_

Details?

\_\_\_\_\_

Do you live in a house / apartment / trailer / other (circle applicable and describe if necessary) \_\_\_\_\_

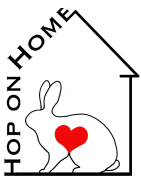
Do you rent / lease / own ? (circle applicable)

If you rent or lease, do you have permission to keep a rabbit? \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_

Are you planning on moving soon? \_\_\_\_\_

What will you do with this rabbit if you move? \_\_\_\_\_



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Are you adopting this rabbit for yourself / children / other \_\_\_\_\_

Who will be the primary caretaker of this rabbit? \_\_\_\_\_

Is there any member of the household allergic to rabbits? \_\_\_\_\_

Have you ever had a rabbit before? \_\_\_\_\_ When? \_\_\_\_\_

Will this rabbit live with another rabbit? \_\_\_\_\_ Is he/she neutered?

\_\_\_\_\_

Will this rabbit live with other house pets? \_\_\_\_\_

Type? \_\_\_\_\_

Where will this rabbit live during the day? \_\_\_\_\_

Where will this rabbit sleep at night? \_\_\_\_\_

Are you willing to bunny proof your house or rabbit area? \_\_\_\_\_

Rabbits require specialized veterinary care. Do you have the name of a qualified veterinarian? \_\_\_\_\_

Who is your veterinarian? \_\_\_\_\_

Applicant's signature \_\_\_\_\_

-----for office use only-----

Rabbit Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: \_\_\_\_\_

Age: \_\_\_\_