



DuPage County
ANIMAL SERVICES
 Saving Animals. Serving People.

Rabbit Adoption Application

NAME: _____ **DRIVERS LICENSE NUMBER:** _____

ADDRESS: _____ **CITY:** _____ **ZIP:** _____

HOME PHONE: _____ **WORK OR CELL PHONE:** _____

E-MAIL ADDRESS: _____ **DATE:** _____

How did you hear about us? Website Facebook Friend/Family Adoption Promo Other: _____

Thank you for considering adopting a pet from our shelter! Remember you are making a 10 year commitment. All rabbits have a microchip as a permanent form of identification and have been spayed and neutered. We will be happy to escort you through our kennel to view the animals. Rabbits cannot be viewed outside of their cages until you have been approved for adoption. Adoption fees are non-refundable. The animal must be taken to a veterinarian within 10-14 days of adoption for an exam and any necessary vaccinations/medications.

PLEASE LIST ANY PETS THAT ARE CURRENTLY IN YOUR HOME:

BREED	NAME	AGE	OWNED HOW LONG?	VETERINARY HOSPITAL	CURRENT ON VACCINES?

PLEASE LIST THE PETS YOU HAVE OWNED IN THE PAST FIVE YEARS:

BREED	NAME	OWNED HOW LONG?	NOT CURRENTLY IN HOME BECAUSE?	VETERINARY HOSPITAL

How many people are currently living in your home? _____

Please list the names of the people living in your home (include last name if it is different from yours):

Do you live in a single-family home, townhouse, condo, or an apartment? _____

Do you own or rent your home? _____

If rent, please provide landlord name and number _____

Have you ever owned a rabbit before? Yes No

Does anyone in your family have allergies to rabbits or hay? Yes No

Why do you want to adopt this particular rabbit? _____

CARING FOR YOUR RABBIT:

How and where do you plan to house this rabbit? _____

Do you plan to let this rabbit outside? Yes No

How do you plan to exercise this rabbit? How often? _____

What type of litter do you plan on using for this rabbit? _____

What will you do in the event of litter box problems? _____

What do you plan to feed this rabbit? _____

What will you do in the event of destructive behavior, for example, if the rabbit uses your furniture as a chew toy or wants to chew electrical cords or carpeting? _____

By signing below, I certify that I am 18 years of age or older, the information that I have provided is true and that I recognize that any misrepresentation of facts may result in my losing the privilege of adopting a pet. I authorize DuPage County Animal Services to investigate all statements made in this application. I also understand that I only have the power of exchange within 14 days if the animal is found to have a life-threatening medical problem by my veterinarian.

SIGNATURE: _____ **DATE:** _____

Once complete, please save and email to: animalservices@dupageco.org

Staff Notes:

I have interacted with (staff only):

Animals Name: _____ Date of interaction: _____

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