THE HUMANE SOCIETY OF FAIRFAX COUNTY, INC. RABBIT ADOPTION APPLICATION

Date Application filed:	Volunteer initials:		
Welcome to the Humane Society of Fairfax County, I like to help you find the right pet and understand its n volunteer will discuss it with you when you're finished we have limited knowledge of their backgrounds. The temperament, age or breed of any animal adopted from	needs, so please fill out the ed. While we carefully need erefore, we cannot guara	nis application in detail. A nonitor all of our animals, antee the health, behavior,	
Name:			
Telephone: (Home)		(Cell)	
Address:			
Apt. #City		Zip	
Email address:			
Are you under 18 years of age?			
We perform home visits for every animal that is adop	ted. Please give explicit	directions to your home:	
Have you ever applied for or adopted an animal from If yes, when? What was the outcome?	HSFC?	□ No	
List all the animals you owned or lived with in the pa			
Type of animal:	f animal:		
Type of animal: Name o Age of animal: Sex of animal:			
Time owned by you: Where is the an	imal housed:	ca. = 103 = 100	
Do you still own the animal?	□ No		
Type of animal: Name o			
Age of animal: Sex of animal:			
Time owned by you: Where is the an			
Do you still own the animal?			

What veterinarian sees and vaccinates your pets (name of vet)?
Veterinary clinic/hospital name:
Veterinary clinic/hospital phone number:
Why do you want to adopt a rabbit?
Do you own or rent your home? \square Own \square Rent
Do you live in a: \Box House \Box Apartment \Box Condo \Box Townhouse \Box Duplex \Box With parents
Do you live in a. House Apartinent Condo Townhouse Duplex with parents
Dogs the place where you live have any restrictions on note such as weight type or number of note?
Does the place where you live have any restrictions on pets, such as weight, type or number of pets?
If so, what are they: Name of Apartment or Condo Compley:
Name of Apartment or Condo Complex:Phone #:
Landiord of Ivialiager's Ivalie (if Known).
How many adults live in your home? Children? Ages of Children:
Trow many addits rive in your nome? Children? Ages of Children
Is there anyone home during the day? \square Yes \square No At night? \square Yes \square No
Do you think rabbits should go outside? \square Yes \square No
If yes, why?
If no, why?
Will this cat be going outdoors? \square Yes \square No Why?
<i>y</i>
Who will be responsible for the rabbit's care:
Feeding Exercise Grooming Training Expenses
How were you referred to The Humane Society of Fairfax County?
This rabbit may require spay/neuter surgery or other medical expenses following adoption.
Are you prepared to take on these expenses? \square Yes \square No
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Because it is very stressful for a rabbit to go from home to home, we hope to place each one in a caring
home for the rest of its life, which could be up to 10 years. Are you prepared to make this commitment?
☐ Yes ☐ No
What will happen to the rabbit if you have to move?
In an effort to ensure the rabbit's lifelong well-being, we screen our adopters very carefully and sign a
legal contract with them. If at some point, you can no longer care for the rabbit we require that you
return it to us. This way, the rabbit may be re-adopted to other qualified applicants and once again be
protected by a legal contract. How do you feel about this?
protected by a legal contract. How do you leef about this?
This rabbit may take several weeks or months to fully adjust to you, your home and your animals. How
would you ease the adjustment?
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Do you believe in spaying or neutering? \square Yes \square No	
Why or why not?	
Do your present pets have a current license and have they been vaccinated this	year? ☐ Yes ☐ No
If approved, when would you be able to take this rabbit home?	
Which of these subjects would you like to learn more about? Litter training	home
What type of rabbit are you looking for? □ Adult □ Companion rabbit to other pet □ Young □ 2 compatible rabbits	
☐ Short hair ☐ Long Hair ☐ Particular Breed ☐ Children's pet	
I understand HSFC is looking for the best possible home for this companion an understand HSFC can and will use its sole discretion to determine the best qual animal.	
I understand you will be contacting my veterinarian for the vaccination and hea currently own or have owned in the past. I release, through my signature on the veterinarian to provide that information to you. I am aware that prior to placem HSFC, my currently owned pets, for their protection, must be up-to-date on need	e application, my nent of a pet from the
I certify that all the information in this application is true, and I understand that void this application.	false information may
Signature: Date:	

To Be Filled in by Adoption Official Only

Names(s):		Sex:	S/N: \(\subseteq \text{Yes}	□ No
Description(s):				
Medical History:				
Other information:				
Medical work pending:				
Health check on appli Current Medical Records:				
Veterinarian Comments: _				
Date Health Check comple	eted:			
Name of person completin	g health check:			
Applicant's drivers license	number:			
Landlord/apartment approv	val (name of person and	date spoken with):		
Home check informat Date Home Check complet □ Approved □ Disappro	ted:			
Comments:				
Signature of home check v	-			
Printed name of home chec	ck volunteer:			

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