



Hi-Tor Animal Care Center
65 Firemen's Memorial Dr.
Pomona, NY 10970
(845) 354-7900 Fax: (845) 354-6308

Rabbit Adoption Application

****In order to be considered for an adoption you must:** 1) be 21 years of age 2) have the knowledge and consent of all adults living in your household 3) have a valid ID with current address 4) understand that completing this application does not guarantee adoption and that the Hi-Tor Animal Care Center must approve your application.**

Name _____ Date ____/____/____
 Address _____ Apt. _____
 City _____ County _____ State _____ Zip Code _____
 Home Phone _____ Cell Phone _____
 If we may use e-mail to contact you, please include an address: _____

How did you learn about this rabbit? Website _____ Facebook _____ Boulders Game _____ Friend _____ Shelter Visit _____

Newspaper (Which one?) _____ Pet Store (Which one?) _____ Other _____

DO YOU: Attend School (Which one?) _____ If you are a student are you allowed pets? _____

Work _____ Employer _____ Spouse's employer _____

DO YOU LIVE IN A: House _____ Apartment _____ Condo _____ Dorm _____ Mobile Home _____ Other _____

DO YOU: Rent _____ Own _____ Live with Parents _____ Landlord's Name _____

Landlord's Address _____ Phone _____

How long at current address? _____ If less than 1 year please list previous address and how long there _____

Please provide the following information about your household: Number of Adults _____ Number of Children _____

Ages of children _____ Who will be primarily responsible for the care (feeding, grooming, exercise and training) of your new rabbit? _____

Why would you like to adopt a rabbit from us? Please check all that apply: Companion _____ Gift _____ To Breed _____

For a Child _____ Companion for another pet _____ Other _____

How many pets do you have now: Dogs _____ Cats _____ Rabbits _____ Other _____

How many pets have you had in the last 5 years? _____ Please list all pets *you currently have or have had* in the past. If more space is needed use additional sheet.

<u>NAME</u>	<u>TYPE/BREED</u>	<u>AGE</u>	<u>SEX</u>	<u>FIXED?</u>	<u>WHY YOU NO LONGER HAVE</u>

Have you ever adopted an animal from a shelter? If yes, Where? _____ When? _____

Are your current pets up to date on vaccinations and other necessary vet care? Yes _____ No _____ Partially _____

What veterinarian would have records (past/present)? _____

Which veterinarian do you plan to use? _____

How much do you anticipate spending yearly on food, vet care and other expenses for your rabbit? _____

Do any members of your household have allergies? _____ To what? _____

Do you have any plans to move in the near future? _____ If at some time you do move, what will you do with your rabbit? _____

What kind of rabbit are you interested in? (color, age preference, gender, etc.): _____

Who will be the primary caretaker of the rabbit? _____

How much time will this rabbit be alone (without human companionship)? Hours _____ Days a week _____

Where will your rabbit live? Indoors _____ Outdoors _____ A combination of the two _____

How long do you expect it to take your new rabbit to adjust to its new home and learn proper behaviors? _____

A rabbit can live 12+ years and require a major commitment of time, finances and emotion. Why do you feel you can make that kind of commitment at this time? _____

Are you willing to allow a designated Hi Tor representative perform a home visit prior to adoption? Yes _____ No _____

If no, please state why _____

By signing below, I certify that the information given is true and correct and I recognize that any misrepresentation of facts will result in my losing the privilege of adopting a pet. I also give my veterinarian permission to release any vet care records and information about my current and past pets to the Hi-Tor Animal Care Center. I understand that this application is the property of the Hi-Tor Animal Care Center and that the Hi-Tor Animal Care Center has the right to deny my request to adopt.

Signature _____ Date ____ / ____ / ____

Signature _____ Date ____ / ____ / ____

FOR OFFICIAL USE ONLY:

REVIEWED BY: _____

APPROVED: _____ DENIED: _____

REASON: _____