

**RABBIT ADOPTION FORM**  
**STAMFORD ANIMAL CARE & CONTROL**

201 Magee Avenue, Stamford, CT 06902  
Tele # (203) 977-4437 ~ Fax # (203) 977-5112  
www.cityofstamford.org/animalcontrol    www.stamfordctshelter.petfinder.com  
**We reserve the right to approve or disapprove any adoption**

DATE \_\_\_\_\_ TIME \_\_\_\_\_ FIRST CHOICE – Rabbit Name: \_\_\_\_\_

In order to be considered for an adoption, you must:

Shelter Rabbit Impound Number: \_\_\_\_\_

\_\_\_ Be at least 21 years of age.

\_\_\_ Have the knowledge and consent of all adults living in your household.

SECOND CHOICE – Rabbit Name: \_\_\_\_\_

\_\_\_ Have landlord's consent to bring an animal onto the property.

Shelter Rabbit Impound Number: \_\_\_\_\_

NAME \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

SPOUSE/PARTNER \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE #: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

PLACE OF EMPLOYMENT \_\_\_\_\_ Occupation: \_\_\_\_\_

Have you ever owned a rabbit before? YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, do you still have rabbit? \_\_\_\_\_

If not, what happened to rabbit? \_\_\_\_\_

Why do you want to adopt a rabbit? \_\_\_\_\_

Will adopted rabbit be: Indoor only \_\_\_\_\_ Outdoor only \_\_\_\_\_ or, an Indoor/Outdoor rabbit \_\_\_\_\_

Do you have a safe area that a rabbit outside of his/her cage can be allowed to exercise in, and for how many hours per week? \_\_\_\_\_

Do you have any dogs? \_\_\_\_\_ If so, how many? \_\_\_\_\_ Have they lived with a rabbit before? \_\_\_\_\_

Do you have any cats? \_\_\_\_\_ If so, how many? \_\_\_\_\_ Have they lived with a rabbit before? \_\_\_\_\_

Rabbits can live 10 years or longer. Can you commit to caring for this pet that long? \_\_\_\_\_

Properly cared for rabbits can cost north of \$500/year. This includes yearly vaccinations, vet checkups, rabbit supplies, potentially needed training, possible boarding, good quality food and unforeseen medical expenses.

Are you FINANCIALLY ABLE to spend this kind of money on this rabbit if required? YES \_\_\_\_\_ NO \_\_\_\_\_

Are you WILLING to spend this kind of money on this rabbit if required? YES \_\_\_\_\_ NO \_\_\_\_\_

What type of food will you feed this pet? \_\_\_\_\_

Is any household member allergic to animals? \_\_\_\_\_ If yes, how will you deal with reactions to this pet? \_\_\_\_\_

How many adults in your home? \_\_\_\_\_ How many children? \_\_\_\_\_ Ages: \_\_\_\_\_

Will you work out bad habits the rabbit may have? (biting, house-soiling, etc.) YES / NO

If yes, how are you planning on dealing with any bad habit? On your own / Hiring a trainer

Do you own or rent your home? \_\_\_\_\_ How many years have you lived at your current address? \_\_\_\_\_

Do you live in a: House \_\_\_\_ Apartment \_\_\_\_ Condo \_\_\_\_ Townhouse \_\_\_\_ Other (name) \_\_\_\_\_

**If you RENT, provide name and telephone number of your landlord - (REQUIRED)**

**Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

***If you OWN, you must provide proof of ownership by a copy of your Real Estate Tax Bill, or by showing us your mortgage prior to paying adoption fees. Owners of condos or townhouses must also provide a copy of the condo association's by-laws indicating pets are allowed, the number allowed and any limitations in size or weight, if any.***

Please provide references of two people who have known you for 5 years or more, not in your immediate family:

Personal Reference: \_\_\_\_\_ Phone # \_\_\_\_\_

Personal Reference: \_\_\_\_\_ Phone # \_\_\_\_\_

**Present and Former Veterinarians –**

**Name of your PRESENT Veterinarian & Hospital:** \_\_\_\_\_

**City and phone number (Present Vet):** \_\_\_\_\_

**Name your pet's records are under at your present vet** (if different than applicant): \_\_\_\_\_

**Name of your FORMER Veterinarian & Hospital:** \_\_\_\_\_

**City and phone number (Former Vet):** \_\_\_\_\_

**Name your pet's records are under at your former vet** (if different than applicant): \_\_\_\_\_

Give us information about all the animals alive and currently living in your household -

Name of Pet:	Dog/Cat/Other	Breed:	Sex	Altered?	Age:	Weight:	Vaccinated?	Dog-licensed?

Give us information about the last 3 animals that you no longer have (deceased or otherwise) -

Name of Pet:	Dog/Cat/Other	Breed:	Sex	What happened to pet? If dead, how did it die?	If dead, age at death:	Date of death:

Where did you hear about this facility and rabbit for adoption? \_\_\_\_\_

Are you familiar with local animal control laws? Yes \_\_\_\_\_ No \_\_\_\_\_

**PLEASE READ CAREFULLY BEFORE SIGNING**

**FEES FOR ADOPTING RABBITS**

UPON ADOPTION APPROVAL AND AFTER A **\$105 NON-REFUNDABLE** FEE HAS BEEN RECEIVED, UNALTERED RABBITS ARE TAKEN TO OUR VET FOR SPAY/NEUTER SURGERY. THE \$105 COVERS THE ADOPTION FEE (\$5), MICRO-CHIPPING\* (\$25), AND THE VET EXPENSES (\$75 FOR SPAY/NEUTER SURGERY, INCLUDES THOSE WE HAVE PROVIDED SURGERY FOR, PLUS RABIES & DISTEMPER VACCINES.)

ARRANGEMENTS CAN BE MADE FOR ADDITIONAL MEDICAL SERVICES DESIRED BY THE ADOPTER TO BE PERFORMED AT THE SURGERY APPOINTMENT (I.E. DENTAL CLEANING, DEWORMING, BATHING). PLEASE SPEAK TO THE SHELTER STAFF ABOUT THESE OPTIONAL SERVICES.

\* Micro-chipping includes micro-chip insertion, pet's life-time registration in Home Again's database and other benefits.

**COPY OF DRIVER'S LICENSE (or other form of ID) IS REQUIRED**

This application is designed to help us determine if the adoption is in the cat's best interest, and to assist you in finding a pet compatible with your lifestyle. An unwise adoption can result in an unpleasant experience for adoptive families and may ruin the pet for further adoptions. We hope you will agree that the pet's welfare must be our foremost concern.

**I understand the above questions and I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for denial of adoption. By signing this application, I am stating that the above mentioned is true.**

Your Signature \_\_\_\_\_ Date: \_\_\_\_\_

**For shelter use only:**

Processing notes:

Comments:

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\_\_\_\_\_ Approved \_\_\_\_\_ Denied By \_\_\_\_\_ Date \_\_\_\_\_