

**West Michigan Critter Haven  
Small Animal Rescue  
RABBIT Adoption Contract**

Name of Animal \_\_\_\_\_  
Breed \_\_\_\_\_  
Date of Adoption \_\_\_\_\_

\*West Michigan Critter Haven reserves the right to refuse adoption to anyone.  
Animals will not be adopted to prospective owners who mislead or fail to  
provide accurate information on the adoption application.

(Please print clearly)

Date \_\_\_\_\_ Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_  
Cell Phone (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_  
Driver's License # \_\_\_\_\_ Birth Date \_\_\_\_\_  
Place of Employment \_\_\_\_\_ State \_\_\_\_\_  
Work Phone (\_\_\_\_) \_\_\_\_\_ Ext. # \_\_\_\_\_

Name of Spouse or Significant Other \_\_\_\_\_  
Driver's License # \_\_\_\_\_ Birth Date \_\_\_\_\_  
Place of Employment \_\_\_\_\_ State \_\_\_\_\_  
Work Phone (\_\_\_\_) \_\_\_\_\_ Ext. # \_\_\_\_\_

What pet(s) are you considering to adopt? \_\_\_\_\_  
If you have not chosen a pet, what is your preference as to breed, sex, size, length of hair, etc?

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Is this your first pet? Yes \_\_\_\_\_ No \_\_\_\_\_  
What pets do you currently own in your household? (Use the back for more room, if needed.)  
1. Breed \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_ Altered - Yes \_\_\_ No \_\_\_  
Current on vaccinations - Yes \_\_\_\_\_ No \_\_\_\_\_  
Where is the animal kept? \_\_\_\_\_  
2. Breed \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_ Altered - Yes \_\_\_ No \_\_\_  
Current on vaccinations - Yes \_\_\_\_\_ No \_\_\_\_\_  
Where is the animal kept? \_\_\_\_\_  
3. Breed \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_ Altered - Yes \_\_\_ No \_\_\_  
Current on vaccinations - Yes \_\_\_\_\_ No \_\_\_\_\_  
Where is the animal kept? \_\_\_\_\_  
4. Breed \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_ Altered - Yes \_\_\_ No \_\_\_  
Current on vaccinations - Yes \_\_\_\_\_ No \_\_\_\_\_  
Where is the animal kept? \_\_\_\_\_  
5. Breed \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_ Altered - Yes \_\_\_ No \_\_\_  
Current on vaccinations - Yes \_\_\_\_\_ No \_\_\_\_\_  
Where is the animal kept? \_\_\_\_\_

Have you had other pets that you no longer have? If yes:

Breed \_\_\_\_\_ Name \_\_\_\_\_ Sex \_\_\_\_\_  
Breed \_\_\_\_\_ Name \_\_\_\_\_ Sex \_\_\_\_\_

Why do you no longer have them? \_\_\_\_\_

Residence and Family:

Do you currently live in a: \_\_\_\_\_ house \_\_\_\_\_ apartment \_\_\_\_\_ condominium \_\_\_\_\_ mobile home park

Do you own your residence? Yes \_\_\_\_\_ No \_\_\_\_\_

If you rent, does your lease allow pets? Yes \_\_\_\_\_ No \_\_\_\_\_

What is your landlord's name and phone number?

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

How long have you lived in the current address? \_\_\_\_\_

How many adults live in your household? \_\_\_\_\_ How many children? \_\_\_\_\_

What are the ages of the children living in the home? \_\_\_\_\_

Do all adults know and support your plan to adopt a pet? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you or anyone living in the home have allergies to animals? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, to what kind of animals and how severe is the allergy? \_\_\_\_\_

Who will be responsible for the care of this pet? \_\_\_\_\_

Where will this rabbit be kept during the day? \_\_\_\_\_ night? \_\_\_\_\_

How many hours will it spend alone during the day? \_\_\_\_\_

Where will the rabbit be kept when alone? Solid bottomed cage \_\_\_\_\_ X-pen \_\_\_\_\_ Other \_\_\_\_\_

If "Other", explain: \_\_\_\_\_

Will this rabbit be kept in an area of the house that is strictly non-smoking? \_\_\_\_\_

Are you aware a rabbit will chew? Yes \_\_\_\_\_ No \_\_\_\_\_

How will you provide care for your animal when you are out of town?  
\_\_\_\_\_

Are you financially able to provide care for a new pet?

(Neuter/spay, vet care, etc.) Yes \_\_\_\_\_ No \_\_\_\_\_

Are you committed to take care of this rabbit for the rest of its life, with the understanding that rabbits may live 9 - 12 years or more? Yes \_\_\_\_\_ No \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

Please read and initial each number:

\_\_\_\_ 1. I agree to adopt this animal as my personal family pet I understand and agree that it is my responsibility to provide the proper food, shelter, and veterinary care along with a loving environment for the lifetime of this animal.

\_\_\_\_ 2. I will provide an indoor home only for the rabbit (s) as housing a rabbit outdoors is not acceptable. I will provide a safe, solid bottomed enclosure for the rabbit when necessary and will allow daily playtime in a safe area within my home.

\_\_\_3. I have been advised to have this animal examined within 7 days of this adoption by a private veterinarian at my own expense.

\_\_\_4. If this animal currently has any visible health problems or injury, I agree to assume immediate, moral, physical, and financial responsibility for the proper veterinary treatment of the problem or injury.

\_\_\_5. I will not use this animal for food, for myself or for another animal.

\_\_\_6. I understand that West MI Critter Haven cannot be financially liable, if after adoption, the animal becomes ill or is unsuitable for my home.

\_\_\_7. I understand that West MI Critter Haven cannot be held responsible for any destruction of property, injury to people or any other actions of the animal.

\_\_\_8. I understand that West MI Critter Haven reserves the right to inspect the home environment of the animal I am adopting and that West MI Critter Haven can remove the animal if the terms of this contract are not being met.

\_\_\_9. I agree not to allow this animal to be used for medical or other experimental purposes or be subject to any other form of mistreatment.

\_\_\_10. I understand that the proper diet for a rabbit includes continually available grass hay and appropriate amounts of fresh greens.

\_\_\_11. I agree to keep the rabbit indoors at all times. I will not house the rabbit outside of the home in any type of structure, including a barn, garage, shed or hutch.

\_\_\_12. I understand that this rabbit is NOT to be used for show purposes, as a school pet, entertainment or for any other reason other than as a house pet.

\_\_\_13. I understand this animal is NOT to be sold or given away if it no longer fits into our home or lifestyle, the animal MUST be returned to West MI Critter Haven.

\_\_\_14. I understand that my adoption fee is NON-REFUNDABLE unless this animal is diagnosed ill by a veterinarian within seven days of adoption and returned within the same seven days.

\_\_\_15. I agree to spay/neuter this animal within **\_60\_ days** of the adoption and send proof to:

PERSONAL REFERENCES - Please list three personal references (not relatives)...

1. Name \_\_\_\_\_ Phone #: Home (\_\_\_\_) \_\_\_\_\_  
Cell (\_\_\_\_) \_\_\_\_\_ Address \_\_\_\_\_  
(Interviewer only) Reference's Remarks \_\_\_\_\_

\_\_\_\_\_

2. Name \_\_\_\_\_ Phone #: Home (\_\_\_\_) \_\_\_\_\_  
Cell (\_\_\_\_) \_\_\_\_\_ Address \_\_\_\_\_  
(Interviewer only) Reference's Remarks \_\_\_\_\_

\_\_\_\_\_

3. Name \_\_\_\_\_ Phone #: Home (\_\_\_\_) \_\_\_\_\_  
Cell (\_\_\_\_) \_\_\_\_\_ Address \_\_\_\_\_  
(Interviewer only) Reference's Remarks \_\_\_\_\_

\_\_\_\_\_

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*Veterinarian:*

Name: \_\_\_\_\_ Phone #: Office (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_  
(Interviewer only) Veterinarian's Remarks

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The information above is true to the best of my knowledge.

Signature of Adopter \_\_\_\_\_ Date \_\_\_\_\_  
Interviewer/ Foster Signature \_\_\_\_\_ Date \_\_\_\_\_

I understand that West Michigan Critter Haven does not knowingly misrepresent any animal's age, breed, or condition of health, or temperament. If this animal proves to be unsuitable, I MUST return him/her. I understand the adoption fee is NON-REFUNDABLE unless otherwise informed.

**I understand that I will have this animal altered within 60 days, or when the animal reaches 6 months of age. Failure to do so is a violation of this contract. I understand that the adoption is conditional and does not become final until the animal is sterilized.**

\_\_\_\_\_  
**Initial**

I hereby certify that I have read and agree with the terms of West Michigan Critter Haven binding this legal contract.

Signature of Adopter: \_\_\_\_\_ Date: \_\_\_\_\_