

**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?

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 _____

Veterinarian:

Name: _____ Phone #: Office (____) _____
Address: _____
(Interviewer only) Veterinarian's Remarks

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: _____