



ADOPTION APPLICATION

Completion of this application does not guarantee adoption of ANY Breed/Species with The Bunny Hutch. Name of Applicant will be considered the Primary Contact*, but ALL family members MUST be involved in the adoption process. There is a \$15.00 adoption application processing donation. This donation is non-refundable, but is applied to any service such as an adoption. Adoption donations vary for different breeds/species, but they generally range from \$50-\$500. Special consideration can be taken with regards to birthday requests of a minor child on a case by case basis.

1. Name of applicant _____
 - a. Occupation _____ Work Phone: (_____) _____
 - b. Email Address _____

2. Name of Spouse/Significant Other _____
 - a. Occupation _____ Work Phone: (_____) _____
 - b. Email Address _____

3. Names and ages of children, if any. Please indicate if they reside at residence.
 - a. _____
 - b. _____
 - c. _____
 - d. _____
 - e. _____

4. Home Address: _____
City _____ State _____ Zip _____
Home Phone _____ Cell Phone _____

5. Do you live in a House _____ Apartment _____ Condominium _____ Town House _____
Other _____

6. Do you Own _____ Rent _____ Do you have landlord's permission for pets? Yes _____ No _____

7. Landlord's Name and Phone Number (If Applicable)



8. List species and breed you are interested in adopting (list species and breed).

a. Amphibian: _____

b. Arthropod: _____

c. Bird: _____

d. Crocodylian: _____

e. Fish: _____

f. Mammal: _____

g. Reptile: _____

• Is this the first time you will be owning this species/breed of pet? Yes _____ No _____

9. Why do you want a pet? (Check all that apply)

_____ House Pet

_____ Companion for family

_____ Companion for other pet

_____ Companion for children

_____ Watchdog/Protection for home/family

_____ Watchdog/Protection for business

_____ As a gift

Other (specify) _____

10. How much of the time will the pet be outdoors? _____

11. How much of the time will the pet be indoors? _____

12. About what percent of the time will the pet be left alone? _____

13. Where will it be when left alone? _____

14. Where will the pet sleep at night?

15. What area(s) of the house will the pets be allowed into?



16. Do you have a fenced yard? Yes _____ No _____

a. If so, how high is the fence? _____

b. Type of fence? _____

c. Are the gate(s) normally locked? Yes _____ No _____

17. Do you have a pool? Yes _____ No _____

a. If so, is it fenced separately from the yard? Yes _____ No _____

18. How did you hear about us? Please include name (if indicated) so we may thank them.

a. TBH Consultant _____ Yellow Pages _____

b. Social Media (Such as Facebook) _____ Family/Friend _____

c. Search Engine (Such as Google) _____ Professional Colleague _____

19. Other pets (specify number of each)

a. Dog _____ Age _____ Name _____

b. Dog _____ Age _____ Name _____

c. Cat _____ Age _____ Name _____

d. Cat _____ Age _____ Name _____

e. Bird _____ Age _____ Name _____

f. Other Type _____ Age _____ Name _____

g. Other Type _____ Age _____ Name _____

• If you have any pets, are they spayed/neutered? Yes _____ No _____

20. What pets have you had in the past?

21. What happened to the ones you no longer have?



22. What would happen to the pet if you moved

- a. Locally? _____
- b. Out of state? _____
- c. Out of the country? _____

23. Do you have a regular veterinarian? Yes _____ No _____

a. If so, Vet's name _____

Name of Clinic _____

Telephone #: (_____) _____

Address (including city, state and Zip Code)

24. Does anyone in your household have allergies: Yes _____ No _____

a. What kind? _____

25. How would you train this pet? (Check all that apply)

_____ Obedience school _____ Hit with newspaper

_____ Firm verbal commands _____ Clicker/hand signals

Other (specify) _____

26. Would you like information about our positive reinforcement training (Operant Conditioning) programs?

Yes _____ No _____

27. Will you be able to live with hair on your furniture, stains on your rugs, a warm body on your bed, and an animal that might be destructive at time? Yes _____ No _____

28. Remember, pets are an investment of your time and money. Can you afford to provide medical care, grooming, proper diet, proper shelter and exercise for your new pet? Yes _____ No _____

29. Are you willing to purchase medical insurance for your pet? Yes _____ No _____



30. Are you able to make a long term commitment to care for your pet for its entire life span, which could be as much as 10-100 years (breed/species specific)? Yes _____ No _____

31. Under what circumstances would you not be able to keep this pet?

Applicant's Signature* _____

Date _____

The Bunny Hutch, Inc. reserves the right to refuse adoption to any Client for any reason. This questionnaire becomes part of our contract. *Signature of Applicant indicates that ALL family members will be involved in the adoption process. The Bunny Hutch wishes to ensure that EVERY family member is comfortable with this adoption. Whether they are covered in fur, feather, skin or scales every living creature counts. We know how important this new addition is to your family; we want to ensure every adoption is the right fit. We reserve the right to perform home visit prior to adoption and one follow-up after placement of adopted animal. Once a month photo posting of animal to our Facebook page' TBH (email photos to Info@TheBunnyHutch.org) wants to see how much fun you are all having *Bunny Ears Optional. ALL adoptions are to be returned to The Bunny Hutch if the Adoptive person/persons can no longer care for them and is to NOT be adopted out to another other person/persons without the approval of The Bunny Hutch. Once again, thank you as adoption saves millions of lives each year. As always, have a "Bunny Hutch'n day!

Bunny Hutch Consultant's Signature*

Date _____

Home Visit: _____

Date _____

Pet's Name: _____

Microchip Number: _____
(Scan to Verify)

Affix Sticker here (if available)

