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Rabbit Adoption Form

Date ____/____/____

Dog Name/Description _____ Rabbit ID # _____

Name _____

Address _____ State/Zip _____

Home Phone _____ Cell/Work _____ E-Mail _____

Do you: Own Rent Do you live in: House Apartment Condo Mobile Home Other

If renting, please provide Landlord Name & Number _____

Children in Household/Visit: 1-4 yrs 5-8 yrs 9-12 yrs 13 yrs & older None

Are you moving within the next year? Yes No If Yes, will you take the rabbit with you? Yes No

Have you ever relinquished an animal to an animal shelter or individual? Yes No

If yes, please explain: _____

Have you adopted any pet(s) from a different shelter? Yes No If yes,

Where? _____

Have you ever adopted from the Bea Martin Peck Shelter or Prairie Paws? Yes No

If so, when? _____

My rabbit will be alone for: 1-4 hours 5-8 hours 9-12 hours Longer than 12 hours

Under what circumstances would you not be able to keep the rabbit?

Divorce/Separation New Baby New Job Allergies New Relationship Illness Preferring one person over another

My Pet will primarily live: Inside Outside

Describe the housing you intend to use: _____

Describe the opportunities for exercise the rabbit will have: _____

Describe the companionship of people and other animals that the rabbit will have: _____

Describe the diet you will provide: _____

Have you had a rabbit before? Yes No

What happened to him/her? _____

Do you have a Veterinarian? Yes No If yes, please provide Veterinarian information below:

Name: _____ Location: _____ Phone: _____

Name records are under: _____

By signing this application, I attest that all questions were answered truthfully to the best of my knowledge. If the Prairie Paws Animal Shelter finds any discrepancies at any time, this could result in the animal's retrieval or cancellation of the application. I hereby acknowledge that the questions and responses in this application are fully incorporated as set forth within the Adoption Agreement and are a part of the contractual agreement I am voluntarily entering into with the Prairie Paws Animal Shelter.

Signature _____ Date _____

For Office Use Only

Vet ✓: Date: __/__/__

Dog: _____ s/n? _____ UTD? _____ HW✓/prev? _____ Cat: _____ s/n? _____ UTD? _____ felv/fiv✓? _____

Dog: _____ s/n? _____ UTD? _____ HW✓/prev? _____ Cat: _____ s/n? _____ UTD? _____ felv/fiv✓? _____

Dog: _____ s/n? _____ UTD? _____ HW✓/prev? _____ Cat: _____ s/n? _____ UTD? _____ felv/fiv✓? _____

Dog: _____ s/n? _____ UTD? _____ HW✓/prev? _____ Cat: _____ s/n? _____ UTD? _____ felv/fiv✓? _____

Landlord ✓: Date: __/__/__ Ok? _____ Policies? _____

Communications _____

Date: _____

Initials _____ Approved _____ Denied _____ Reason Denied _____