



# Rabbit Guardian Application

**OUR PURPOSE** is to promote the welfare of domestic rabbits.

**WE BELIEVE** that rabbits deserve to be treated with compassion and valued as companion animals.

**OUR GOALS ARE:**

- ? To educate the public about the physical and social needs of domestic rabbits.
- ? To promote the adoption of homeless rabbits from foster homes, shelters, and rescue groups into loving homes.
- ? To reduce rabbit overpopulation by promoting rabbit spays and neuters.

**WE SUPPORT EACH OTHER** in attaining these goals with free and open communication and by demonstrating mutual respect and consideration.



Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 E-mail \_\_\_\_\_  
 Emergency contact and phone number: \_\_\_\_\_

How many of each in your household? Adults: \_\_\_\_ Children: \_\_\_\_ Children's ages: \_\_\_\_\_

Who will be the primary guardian of the rabbit(s)? \_\_\_\_\_

Is anyone in your family allergic to rabbits or hay? \_\_\_\_\_ Do you currently own or rent? \_\_\_\_\_

If you rent, what pets does your landlord allow? \_\_\_\_\_

If you move, what will you do with the rabbit(s)? \_\_\_\_\_

What companion animals are you caring for presently or have you cared for in the past? (type & age)  
 \_\_\_\_\_

If you no longer have them, what happened to them? \_\_\_\_\_  
 \_\_\_\_\_

What animal behaviors are unacceptable in your home? \_\_\_\_\_

You will be responsible for medical care expenses. What do you expect to spend each month? \_\_\_\_\_

Veterinarian name and clinic: \_\_\_\_\_

Are you able to transport your rabbit to and from weekend outreaches? \_\_\_\_\_

What research or reading have you done about companion rabbits? \_\_\_\_\_  
 \_\_\_\_\_

What first hand experience have you had with companion rabbits? \_\_\_\_\_  
 \_\_\_\_\_

