



TIME: _____

Rabbit Matchmaking Form

Not all rabbits may be suited to all situations; not all adopters may be suited for all rabbits. We aim to make the best match possible when helping you to find a new best friend. The questions we ask help us to do so. Please provide as much pertinent information to your counsellor so we can find the pet most appropriate for you and your family.

You will be required to show current photo identification bearing your current address. We reserve the right to deny adoptions. Giving false information will result in forfeiture of any monies paid and adoption will be cancelled.

A#	P#	QPO ✓ Staff/Volunteer
-----------	-----------	--

QPO-check must include the names of all adults in the home as well as address and phone number.

First Name _____		Last Name _____	
Address _____		City _____	Prov _____ P. Code _____
(Include suite number; if rural, list <i>both</i> physical & mailing address)			
Home Phone _____	Business _____	Cellular _____	

Full names of all adults who share your residence _____

Number & ages of all children under 18 yrs _____

Are you 18 years of age or older? Yes No Are you wanting to adopt a Baby Adolescent Senior
 Why do you want to adopt? Family Pet For Children Gift For Other _____
 Do you or does anyone you live with suffer allergies to pets or asthma? Yes No Are they here today? Yes No

Do you live in a House Apartment Condo Mobile Home Other _____
 Do you Own Rent Live With Parents Other _____

Do you have concerns with chewing? No Yes, I would like to discuss with a counsellor
 Are you a first time rabbit adopter? Yes No Who will be responsible for the rabbit & its training? _____

Rabbits require AT LEAST 2 hours outside their cage DAILY. Are you prepared to do this? Yes No
 Rabbits can live to be 10 years old+. Have you considered how a rabbit will affect your future?
 (Travel, education, work, current and future children, etc.) Yes No, you would like to discuss this with a counsellor

Your rabbit will be kept mainly Indoors Outdoors Both Barn Other _____
 If outdoors: Describe your housing set-up _____
 If outdoors: Do you have a fully fenced yard Yes No Approximately how high is your fence? _____ feet

How many animals do you currently live with? Dogs _____ Cats _____ Other, list _____

How many pets have you had in the last 5 years? Dogs _____ Cats _____ Other, list _____

Are your pets at home are spayed/neutered? Yes No, explain _____

Are your pets up to date on vaccines? Yes No Unsure
 Do you understand all WHS cats, dogs & rabbits are spayed or neutered? Yes No- you would like to discuss with a counsellor
 Do you have a veterinary clinic? Yes, please list _____ No- you would like to discuss with a counsellor
 Have you had a rabbit die from unknown causes in the last 6 months? No Yes, explain _____
 Rabbits do not require vaccines but do require yearly checkups. Are you prepared to do this? Yes No

Please circle all areas you would like to discuss with an adoption counsellor;
 Introducing your rabbit to other household pets Diet/Nutrition Toys/Enrichment
 Children & Rabbits Littertraining Nail Trimming
 Reasons for spaying/neutering Proper Socialization Other _____

Today's Date _____ Counsellor _____

Office Use Only		
Approved _____	Date Approved _____	Supervisor _____
Conditions of Approval _____		<i>Conditions of approval must be entered into the person file.</i>