

Second Chance Animal Shelter  
Small Animal/Rabbit Adoption Application:

Date: \_\_\_\_\_ Animal Interested In: \_\_\_\_\_  
Your Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Telephone # \_\_\_\_\_ Email \_\_\_\_\_  
Name of Employer: \_\_\_\_\_  
Work Telephone # \_\_\_\_\_

**Description of Living Situation:**

House  Condo  Apartment  Mobile Home

Do you Rent or Own?  Rent  Own

*If you Rent:*

Does your lease allow Pets?  Yes  No

Landlord's Name \_\_\_\_\_ Telephone #: \_\_\_\_\_

Are all adults in the household aware that you wish to adopt a pet/rabbit?  Yes  No

Do they all approve of the adoption?  Yes  No

Please list the number and ages of the children in the house hold:

\_\_\_\_\_

Do you have any other pets?  Yes  No

If yes, what types (please list breed, Gender and ages of your pets):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Who is your Veterinarian?**

Name: \_\_\_\_\_ Telephone # \_\_\_\_\_

Address: \_\_\_\_\_

Are all your current pets current on their vaccinations:  Yes  No

Are all dogs/cats spayed/neutered:  Yes  No

Where are your pets kept during the day? \_\_\_\_\_

\_\_\_\_\_

Where are they kept at night? \_\_\_\_\_

\_\_\_\_\_

How many Hours a day are your pets left alone? \_\_\_\_\_

**Plans for your new pet:**

Who will be responsible for the care of the pet/rabbit?

\_\_\_\_\_

Where do you plan to keep the pet/rabbit?

**Rabbit Only Questions:**

Do you currently own other rabbits?  Yes  No

If yes, Do you plan on keeping this rabbit with your other rabbits?  Yes  No

