

The Rabbit Haven Adoption Contract
PO Box 66594, Scotts Valley, CA 95067 (831) 600-7479



Name: _____ **CA driver's license #** _____
(Person completing contract must be 18 yrs or over to complete and sign contract)(License must relate to address noted)

Address: Physical address/ mail (street address, city, state and zip code)

Telephone number(s) _____ **(H)** _____ **(W)** _____

E Mail(s): _____

(Print) Name of rabbit(s) I am adopting: _____

I agree to the following facts, terms and conditions.

1. I agree to provide a safe, healthy, indoor environment for my rabbit. The rabbit will be set up in a place away from any predators, disease (raccoon droppings/fleas/mosquitoes) and exposure to adverse temperatures. I have adequate funds to be able to provide for the needs of this rabbit. I understand the costs of maintaining a healthy rabbit. This will include annual medical exams and any medical care the bunny may need later. _____
2. I agree to have the rabbit as part of the family and not kept apart in a far off space or hutch. I understand the rabbit needs social interaction and love for their emotional well-being. I understand that interaction is necessary to maintain the well being of my bunny. Long periods of isolation in closed rooms, garages etc. where the bunny cannot be a part of the family may create both emotional and physical harm. All members of my family want the rabbit I am adopting. _____
3. I understand that the enclosure size appropriate for the rabbit is six times the size of the rabbit. No enclosure is required. I understand that the bunny cannot stay in an enclosure all of the time and will require time and space to run about freely to get plenty of exercise. X pens may be used to provide a safe place that bunny can call home- other enclosures work well such as NIC cubes. _____
4. I understand that Rabbit Haven staff is available for consultation (free) to help with set up questions or with initial set up before or after my adoption. Education information has been provided to you. _____
5. I agree to take my rabbit in for the first free exam within 7 days of my adoption and then annually thereafter. I agree to read the Rabbit Haven Rabbit Care information and agree to take the rabbit to a vet as needed. _____
6. I agree if I am adopting a pair that I have read and understand the bonding needs of this pair. I have learned about housing issues and other matters needed for their safety while bonding occurs. I agree to be in touch with my counselor to continue bonding processes as needed. _____
7. (If renting or leasing): I have the permission of my landlord to keep a rabbit or rabbits in my house or apartment. This permission is in writing in my lease. _____
8. I agree to provide the rabbit with fresh food and water daily including hay, high fiber pellets and plenty of dark leafy greens. I agree to read and follow the dietary guidelines offered by the Rabbit Haven _____
9. If my rabbit is a baby I understand that I am responsible to have this rabbit spayed or neutered by 4 months for boys or at 6 months for females. I understand that this will be my responsibility. I agree to contact the Haven to let the Director know when the spay or neuter is complete. _____
10. Deposits. I am paying a deposit for the spay and neuter of my adopted rabbit. \$50 female \$40 male. This deposit will be returned when I have spayed or neutered the rabbit. Send your spay certificate to PO Box

66594 Scotts Valley ca 95067 for your refund. \$_____ The Rabbit Haven will pay you up to \$55 per rabbit towards spay or neuter (while funds are avail 2010) _____

- 11. **I agree not to sell, breed or to use this rabbit(s) for any project or experiment.** This is a companion pet rabbit. _____
- 12. I agree not to give this rabbit to a third party. This is a permanent adoption. _____
- 13. I have no allergies to rabbit fur and no one in my household has an allergy to rabbit fur or to rabbit food. I agree to handle the rabbit appropriately and carefully as instructed by Rabbit Haven. I agree not to add an additional pet that may be a danger to the rabbit. (Certain dogs, snakes or predatory cats.) I agree to read all of my education materials and to follow approved rabbit care guidelines as outlined. _____
- 14. I have no animals that will harm the rabbit that will be allowed in the rabbit's area. I will supervise play activities while introducing pets (as appropriate). _____
- 15. (If there is a young child at home under 7) I agree to supervise all rabbit play with my children so the rabbit will not be harmed. _____
- 16. I agree to make my home bunny safe. I will cover all cords the rabbit has access to so that the rabbit will not be injured. I have learned how to make my home bunny safe. _____
- 17. I agree to take my rabbit to be examined by either my own vet or any one of the rabbit savvy vets the Haven has given me a referral to see. This first exam with our referred Vet is free. In the future, I agree to provide my new rabbit companion with any needed medical care they may require. I agree not to euthanize my rabbit due to a medical need where money is the main factor in saving the rabbit's life. Note: There are many helping agencies available to assist with one time high medical costs. We recommend pet insurance.
- 18. I understand that if these conditions are not met, that The Rabbit Haven has the right to reclaim the rabbit.
- 19. **I understand that my adoption is meant to be permanent. In emergencies, rehoming may be facilitated through The Rabbit Haven.** I agree not to take the rabbit to any animal shelter. I understand that I may not give the rabbit to another party. I understand that rehoming program is for emergencies only and may take 2 to 16 weeks or longer to facilitate. Rehoming needs, due to death of owner, family relocation or other emergency reasons may be arranged with our Director, Director@therabbithaven.org or a delegate. _____
- 20. I understand that there is a tax-deductible adoption donation for the adoption of my new rabbit. This donation is not refundable. _____

_____ Printed name of adopter
_____ (adult) _____ (date)
Adoptive Family Representative
_____ (date)
Rabbit Haven Representative

Referred to _____ DVM (vet)

Adoption donation \$ _____ check / cash _____
Other product \$ _____
Total \$ _____

Letter/contract sent
_____ (staff)