

**RILEY COUNTY HUMANE SOCIETY  
ADOPTION CONTRACT**

***Rabbit***

P.O. Box 1202, Manhattan, Kansas 66505

Phone: 785-776-8433 Fax: 888-701-8936 Web: www.rchsk.org

E-mail: Exotic-Adopt@rchsk.org OR Info@rchsk.org



Name of Adopter: \_\_\_\_\_

Address of Adopter: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

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

Employer: \_\_\_\_\_

Landlord Name (if renting): \_\_\_\_\_ LL's Phone #: \_\_\_\_\_

Veterinarian's Name: \_\_\_\_\_ Vet's Phone #: \_\_\_\_\_

Name of Pet to be Adopted: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Breed/Description: \_\_\_\_\_

References(No Family Please):#1 \_\_\_\_\_ Phone: \_\_\_\_\_

#2 \_\_\_\_\_ Phone: \_\_\_\_\_

**AS THE ADOPTING PARTY I AGREE TO THE FOLLOWING PROVISIONS:**

1. I understand that **this rabbit will be an indoor pet integrated with the rest of my family** . I understand that rabbits require time, attention and lots of love, and I have the time and the intention of providing this to my rabbit.
2. I agree to **provide a safe, healthy environment** and to **house the rabbit indoors, safe from predators, disease and exposure** . I agree to give this rabbit play and exercise time. I will **ALWAYS** supervise any children who are in the presence of this rabbit.
3. **3.I** understand the rabbit needs social interaction and love for emotional well-being. I understand and agree to provide for the rabbit's social and emotional needs. I agree to read all information about this topic.
4. If renting, or leasing or subletting, I **CONFIRM** that I have permission from the landlord to have an indoor rabbit.
5. I agree to provide the rabbit with **fresh food, water, grass or other timothy hay, high fiber pellets and dark leafy greens EVERY DAY.**
6. I have no allergies to rabbits and no one in my household has an allergy to rabbits.
7. I will not allow animals such as hunting cats, ferrets, or hunting/working dogs, etc.
8. This rabbit adoption is permanent, and I understand that the rabbit may live to be 10-15 years of age.
9. In the event of illness or injury, I agree to seek **PROMPT** veterinary care.
10. I understand that the pet covered by these adoption papers, is, as far as can be determined by the RCHS, in good health, and that the RCHS is not responsible for any medical fees incurred after the adoption date. However, if a health problem develops during the first 10 days, I should notify the RCHS to discuss the matter.
11. I agree to provide requested feedback in the adoption follow-up program, and I give the RCHS visitation rights to ensure that the terms of this adoption agreement are being observed.
12. **If, for any reason, I cannot keep the adopted pet, I agree to notify the Riley County Humane Society (RCHS), and return the adopted animal to an active member of the organization.**
13. **I understand that any failure to perform the foregoing agreement will constitute a breach of contract. In the event of a breach in contract, I authorize the Riley County Humane Society to reclaim both possession and ownership of the pet.**

Signature of Adopter: \_\_\_\_\_ DATE: \_\_\_\_\_

RCHS Representative: \_\_\_\_\_ DATE: \_\_\_\_\_

Riley County Humane Society  
Rabbit Interview

Your Name: \_\_\_\_\_ Name of rabbit(s) you are

interested in adopting: \_\_\_\_\_

1. Do you own your home or rent?

1a. If you rent, does your landlord permit rabbits? (**We will contact your landlord and verify**

2. Have you owned a rabbit before?

2a. If so, how long did you have your previous rabbit

2b. what happened to them?

3. Why adopt a rabbit as a pet?

4. Have you obtained information regarding rabbit diet, needs, behavior, etc. ?

4a. Are you aware that some fruits and vegetables should not be fed to rabbits? (Iceburg lettuce is one example)

4b. Rabbits **REQUIRES** hay as a main staple in their diet, such as Timothy, Brome, or Orchard Grass? Are you willing to provide them an unlimited amount of hay?

4c. Are you aware rabbits need their nails trimmed on a regular basis and are you willing to do this?

4d. Are you aware that rabbits are Crepuscular which means they will be most active at dusk and dawn? (So they will need attention during the morning and evenings) Are you willing to give them attention at these times?

4e. What will you provide for your rabbit to gnaw on to keep their teeth from getting too long?

5. Will the rabbit be housed indoors or outdoors?

6. What type of caging/housing will you be using?

6a. Will there be room for a litter box plus food/water dishes, and room left over for the bunny to stretch out comfortably or stand up tall?

6b. What type of bedding will you use?

7. Are there children in the home? If so, what ages?
- 7a. Is the rabbit being obtained as a pet for the child(ren)?
  - 7b. Will the rabbit be supervised in the presence of young children?
  - 7c. If the rabbit is being obtained for a child, is there an adult willing to be the primary care giver?
8. Is this bunny intended to be a bond-mate for another family bunny?
- 8a. Is that bunny neutered/spayed?
9. Does anyone in your home have any known allergies to rabbits?
10. Is everyone in the home aware of the potential adoption?
11. Will the rabbit be allowed lots of exercise/play time outside of his/her cage and lots of interaction with the family?
12. Are there dogs or cats or other naturally predatory animals in the family?
- 12a. If so, how do you plan to keep the rabbit safe from these animals?
13. We realize the veterinary care, besides spaying and neutering, for a rabbit is limited. However, are you willing to take your rabbit to a qualified exotics veterinarian if he/she should need medical care?
- 13a. Are you aware of the cost involved with using a qualified exotics veterinarian?
14. A rabbit's average lifespan is 7-8 years, but they can live up to 12 years, are you fully prepared to commit to the rabbit(s) for their entire lifetime?

**If your application is approved, and the adoption is not successful, for whatever reason and after any duration of time, do you agree to return the rabbit(s) back to the RCHS fostering and adoption program? This stipulation is also referred to in the adoption application you are required to sign.**

**If you agree please sign \_\_\_\_\_ Date: \_\_\_\_\_**