**RABBIT FOSTER HOME QUESTIONNAIRE**

Thank you for filling out this questionnaire. The information you provide will help us help you find the rabbit who best fits with you and your family. Feel free to expand on any issue or ask any questions in the *Comments* section at the end. We welcome your feedback and suggestions!

Name: Date:

Address: Work Phone:

Home Phone:

E-Mail: Cell Phone:

CA Driver License: exp:

### **Your Household**

Please list family members and other people who live in your household, including roommates, students, etc.

First Name: Age (if child): // First Name: Age (if child):

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The primary caregiver will be:

Do all members of your household favor having a house rabbit? ❑ Yes ❑ No ❑ Undecided

Does any member of your household have allergies to animals or hay? ❑ Yes ❑ No ❑ Unknown

How many hours per day are you away from home? Hours

Please describe the level of household activity: ❑ Quiet ❑ Active

Housing (check all that apply):

❑ Own ❑ Rent ❑ Live with parents ❑ School ❑ Military

❑ House ❑ Condo ❑ Apartment ❑ Mobile home

Landlord’s Name: Phone Number:

How long have you lived at your present address?

Do you anticipate moving in the next two years? If so, when?

Employer: Phone Number:

Please give us two personal references from people who can attest to your commitment to your animals:

1. Name: Phone Number:

Relationship to you:

2. Name: Phone Number:

Relationship to you:

Who is your current veterinarian? Phone Number:

May we contact him or her as a reference for you? ❑ Yes ❑ No ❑ I don’t have a vet.

### **Hopes and Expectations**

Why did you choose to foster a rabbit as opposed to another type of animal?

Have you had house rabbits before? ❑ Yes ❑ No

Do you have a rabbit now? ❑ Yes ❑ No

Would you prefer to foster: ❑ a single rabbit ❑ a pair

Is there a specific rabbit in whom you are interested?

Why are you interested in him or her?

How long have you been thinking about fostering a rabbit?

Please describe the level of research you have done to date on rabbits and rabbit care:

❑ None yet

Information from: ❑ HRS ❑ Breeder ❑ Friend with rabbit experience ❑ House Rabbit Handbook

❑ Other books on rabbit care ❑ Preliminary internet research ❑ Extensive internet research ❑ Pet store

❑ Other:

How long do you expect to have your foster rabbit? years

Please indicate your preferences, if any, about the rabbit’s physical or emotional characteristics:

I must have ❑ size: lbs ❑ age: ❑ breed/color:

❑ a bunny I can hold ❑ a bunny who will sit in my lap

❑ a litter trained bunny ❑ an affectionate bunny ❑ an easy-going bunny

❑ a confident bunny ❑ a kisser ❑ a curious bunny

❑ a quiet bunny ❑ an active bunny ❑ a playful bunny

❑ other:

I don’t want ❑ size: lbs ❑ age: ❑ breed/color:

❑ a bunny I can’t hold ❑ a bunny who won’t sit in my lap

❑ a messy bunny ❑ a chewer ❑ a digger

❑ a shy or scared bunny ❑ a rambunctious bunny ❑ a big shedder

❑ other:

### **Pet History**

Please list all animals, including rabbits, currently in the household:

1. Type: Age: Sex: Spayed/Neutered? ❑ Yes ❑ No

Kept: ❑ Inside ❑ Outside ❑ Both How long has he/she been with you?

Where did you get him/her?

2. Type: Age: Sex: Spayed/Neutered? ❑ Yes ❑ No

Kept: ❑ Inside ❑ Outside ❑ Both How long has he/she been with you?

Where did you get him/her?

3. Type: Age: Sex: Spayed/Neutered? ❑ Yes ❑ No

Kept: ❑ Inside ❑ Outside ❑ Both How long has he/she been with you?

Where did you get him/her?

4. Type: Age: Sex: Spayed/Neutered? ❑ Yes ❑ No

Kept: ❑ Inside ❑ Outside ❑ Both How long has he/she been with you?

Where did you get him/her?

Please describe the animals, including rabbits, no longer in your household:

1. Type: Age: Sex: Spayed/Neutered? ❑ Yes ❑ No

Kept: ❑ Inside ❑ Outside ❑ Both How long was he/she with you?

Where did you get him/her? What happened to him/her?

2. Type: Age: Sex: Spayed/Neutered? ❑ Yes ❑ No

Kept: ❑ Inside ❑ Outside ❑ Both How long was he/she with you?

Where did you get him/her? What happened to him/her?

3. Type: Age: Sex: Spayed/Neutered? ❑ Yes ❑ No

Kept: ❑ Inside ❑ Outside ❑ Both How long was he/she with you?

Where did you get him/her? What happened to him/her?

4. Type: Age: Sex: Spayed/Neutered? ❑ Yes ❑ No

Kept: ❑ Inside ❑ Outside ❑ Both How long was he/she with you?

Where did you get him/her? What happened to him/her?

Have you ever surrendered an animal to a shelter? ❑ Yes ❑ No

If so, please describe the circumstances:

Have you personally ever given away any of your pets? ❑ Yes ❑ No

If so, please describe the circumstances:

### **On-going Care**

If you currently have a rabbit or rabbits, please describe their current diet, including amounts and frequency of feedings:

What type of litter do you use? How often do you change the litterbox?

Please describe your foster bunny’s living conditions:

Living Space: ❑ Cage: ❑ Contained area: ❑ Free Run

Location of living space:

Amount of play time per day: hours Amount of time with people per day: hours

How much money per month are you willing to budget to care for your foster rabbit? $

When you leave home on vacations or business trips, how will you provide for your foster rabbit?

If you lose the rabbit, what will you do to find him or her?

Your comments or questions:

*I hereby certify that all the information on this application is true, and I understand that false information may void this application and any future applications. I also understand that failure to comply with future requirements, such as spaying or neutering, could result in my inability to foster more animals from this organization.*

Signature: Date:

Foster Name: Rabbit(s) Name(s):

Rabbit(s) ID#(s):

## **For Staff/Supervisor Use Only**

* Approved

Topics reviewed with fosterer:

❑ spay/neuter ❑ litterbox training

❑ bunny proofing ❑ destructive behavior ❑ veterinary care

❑ cage requirements ❑ bonding ❑ expectations

❑ feeding requirements ❑ grooming

Foster finalized? ❑ Yes ❑ No: Why not?

Staff/Supervisor’s Name: Date:

**Foster Placement Follow-up**

Comments:

Actions Necessary:

Staff/Supervisor’s Name: Date:

* Denied

Reason for denial:

Comments:

Staff/Supervisor’s Name: Date: