



CITY OF DELTA  
Delta Community Animal Shelter  
7505 Hopcott Road, Delta, BC V6G 1B7  
Tel. No. 604-940-7111 Fax. No. 604-940-7799 Email: [dcas@delta.ca](mailto:dcas@delta.ca)  
[deltacommunityanimalshelter.ca](http://deltacommunityanimalshelter.ca)

## Rabbit Adoption Questionnaire

Many factors go into finding a suitable pet for your home. This application gives DCAS staff an opportunity to ensure you are matched appropriately with a companion pet that will make you happy for a life time. It's important for you to feel like you have found the right rabbit for your family, but also important to ensure the animals have found a forever home.

### CONTACT INFORMATION

Full Name \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Postal Code \_\_\_\_\_  
Phone # \_\_\_\_\_ Alternate # \_\_\_\_\_  
Email \_\_\_\_\_

I would like to be made aware by email of upcoming fundraisers or shelter events:  Yes  No

### ABOUT ME

I am interested in adopting *name of rabbit(s)* \_\_\_\_\_  
Why are you interested in this rabbit? \_\_\_\_\_  
How long have you been thinking about adopting a pet rabbit? \_\_\_\_\_  
Have you had a pet rabbit before? \_\_\_\_\_  
If not, have you researched this kind of pet? What did you learn about them?  
\_\_\_\_\_

### ABOUT MY HOME

Number adults in the home? \_\_\_\_\_ Number of children? \_\_\_\_\_ Their ages? \_\_\_\_\_  
Has everyone in the home met the Hamster(s) you are applying to adopt?  Yes  No  
What type of home do you live in?  House  Condo  Townhome  
 Farm  Trailer  Other  
Do you own, rent or belong to a strata? \_\_\_\_\_  
If you rent or belong to a strata, are you allowed to keep a rabbit as a pet? Yes  No  
If you belong to a strata or have a landlord, please provide their name and phone number:  
Name \_\_\_\_\_ Phone Number \_\_\_\_\_

How many other pets do you have in the home?  1  2  3  4  5  6 or more

What type of pets do you have?  Dogs  Cats  Rabbits  Birds  Hamsters  Rodents  Reptiles

Please provide contact information for your regular veterinarian:

Clinic Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Does anyone in your home suffer from allergies to pets or other things? (Ex: hay)  Yes  No

If you answered yes, how will you manage the allergies? \_\_\_\_\_

### ABOUT MY NEW RABBIT

How many hours per day will you be able to spend with this animal? \_\_\_\_\_

What kind of cage/enclosure will your rabbit(s) have? \_\_\_\_\_

How big is the cage/enclosure? \_\_\_\_\_

Where will they be housed:  Inside  Outside  Inside with access outside  Other \_\_\_\_\_

What kind of enrichment will you provide your rabbit(s)? \_\_\_\_\_

What food/diet does this animal require? \_\_\_\_\_

What do you think annual vet care will cost for your rabbit(s)? \_\_\_\_\_

Do you plan on breeding your pet rabbit(s)? \_\_\_\_\_

What circumstances would cause you to return or re-home this pet? *Please check all that apply*

- |                                   |  |   |  |
|-----------------------------------|--|---|--|
| <input type="checkbox"/> Moving   | <input type="checkbox"/> High cost of animal or vet care | <input type="checkbox"/> Change in relationship | <input type="checkbox"/> Doesn't get along with other pets |
| <input type="checkbox"/> Vacation | <input type="checkbox"/> Aggression                      | <input type="checkbox"/> Allergies              | <input type="checkbox"/> New baby                          |

### ACKNOWLEDGEMENT

Would you be willing to let a representative of DCAS visit your home by appointment?  Yes  No

Have you ever been charged with neglect or cruelty to animals?  Yes  No

Have you ever surrendered a pet to a shelter or rescue organisation?  No  Yes *why* \_\_\_\_\_

APPLICANT SIGNATURE: \_\_\_\_\_

Received by \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Processed by \_\_\_\_\_ Date \_\_\_\_\_

Status:  Approved  Not Approved Reason \_\_\_\_\_

Tentative P/U Date \_\_\_\_\_ Comments \_\_\_\_\_