Precious Rabbits Rescue and Sanctuary 780-305-4971 preciousrabbits@mcsnet.ca

RABBIT FOSTER TO ADOPT OR 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: | | | | | | | | |
| | | | | - | Home P | | | |
| E-Mail: | | | | - | Cell P | hone: | | |
| Your Hous | sehold | | | | | | | |
| Please list fam | nily members and | d other people who live in | your hou | usehold, inclu | uding roomn | nates, sl | tudents | , etc. |
| First Name: _ | | Age (if child): | _ // | First Name: | | | _ Ag | ge (if child): |
| First Name: | | Age (if child): | _ // | First Name: | | | _ Ag | ge (if child): |
| First Name: | | Age (if child): | _ // | First Name: | | | _ Ag | ge (if child): |
| The primary c | aregiver will be: | | | _ | | | | |
| Do all membe | rs of your housel | hold favor having a house | rabbit? | | 🛛 Yes | | No | Undecided |
| Does any men | nber of your hou | sehold have allergies to ar | nimals oi | r hay? | 🛛 Yes | | No | Unknown |
| How many ho | urs per day are y | ou away from home? | | Hours | | | | |
| Please describ | e the level of ho | usehold activity: 🛛 Qui | iet | Active | | | | |
| Do you have s | space for a 4' x 4 | ′ x-pen? (We don't use ca | ges) 🗖 | res 🛛 No | | | | |
| Will you have | somewhere that | the bunny can get out to | exercise | for a few ho | ours a day? | Yes | □No | |
| Housing (cheo | k all that apply): | | | | | | | |
| Own | 🔲 Rent | Live with parents | | School | 🗖 Mili | tary | | |
| House | Condo | Apartment | | Mobile hom | e | | | |
| Landlord's Name: | | | Phone Number: | | | | | |
| How long have | e you lived at yo | ur present address? | | _ | | | | |
| Do you anticipate moving in the next two years? | | | | | , when? | | | |
| Employer: | | | | _ Phone M | Number: | | | |
| Please give us | s two personal re | ferences from people who | can atte | est to your c | ommitment | to your | animals | 5: |
| 1. Name: | | | | _ | Phone Nu | mber: | | |
| Relationship to | o you: | | | _ | | | | |
| 2. Name: | | | | _ | Phone Nu | mber: | | |
| | | | | | | | | |
| Who is your c | urrent veterinaria | an? | | | Phone Nu | imber: | | |
| May we conta | ct him or her as | a reference for you? | 🛛 Yes | | No | 🔲 I d | on't ha | ve a vet. |

Hopes and Expectations

| Why did you ch | oose to foster a rabbit as opposed | d to a | nother type of animal? | | | |
|------------------|------------------------------------|--------|--|------------------------------------|--|--|
| Have you had h | ouse rabbits before? Q Yes | | D No | | | |
| Do you have a | _ | | | | | |
| | _ | rabbi | | | | |
| Would you pref | fic rabbit in whom you are interes | | | | | |
| | - | | | | | |
| | you been thinking about fostering | | | | | |
| Please describe | the level of research you have do | one to | o date on rabbits and rabbit o | are: | | |
| None yet | | | | | | |
| Information from | m: 🛛 HRS 🔹 🖾 Breeder | | Given the second | erience 🛛 🛛 House Rabbit Handbook | | |
| Other books | s on rabbit care 🛛 📮 Prelimina | ry int | ernet research 🛛 Exten | sive internet research 🛛 Pet store | | |
| Other: | | | | | | |
| How long do yo | u expect to have your foster rabb | it? | years | | | |
| Please indicate | your preferences, if any, about th | e rab | bit's physical or emotional ch | aracteristics: | | |
| I must have | have size:lbs age: breed/color: | | | | | |
| | a bunny I can hold | | a bunny who will sit in my la | ар | | |
| | 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: 🖬 b | reed/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 | | |
| | | | | | | |

Pet History

| Please list all animals, including rabbits, currently in the household: | | | | | | | |
|---|----------------|--|------|--|--|--|--|
| 1. Type: Age: | Sex: | Spayed/Neutered? 📮 Yes | 🔲 No | | | | |
| Kept: Inside Outside I | 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: | | Spayed/Neutered? 📮 Yes | | | | | |
| Kept: Inside Outside I | Both | How long has he/she been with you? | | | | | |
| Where did you get him/her? | | | | | | | |
| 4. Type: Age: | | Spayed/Neutered? 📮 Yes | | | | | |
| Kept: Inside Outside I | Both | How long has he/she been with you? | | | | | |
| Where did you get him/her? | | | | | | | |
| | | | | | | | |
| Please describe the animals, including rabbits, r | | _ | | | | | |
| 1. Type: Age: Kept: Inside Outside | | Spayed/Neutered? U Yes How long was he/she with you? | 🖵 No | | | | |
| Where did you get him/her? | | What happened to him/her? | | | | | |
| 2. Type: Age: | Sex: | Spayed/Neutered? 📮 Yes | 🔲 No | | | | |
| | Both | How long was he/she with you? | | | | | |
| Where did you get him/her? | | What happened to him/her? | | | | | |
| 3. Type: Age: | | | | | | | |
| Kept: Inside Outside Where did you get him/her? | Both | How long was he/she with you? What happened to him/her? | | | | | |
| 4. Type: Age: | | Spayed/Neutered? Yes | 🔲 No | | | | |
| | 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 you | ur pets? 🛛 Yes | D No | | | | | |
| If so, please describe the circumstances: | | | | | | | |
| | | | | | | | |

On-going Care

| If you currently have a rabbit or rabbits, please descr | ibe 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:x Cage: | Contained area:x |
| Location of living space: | |
| | nount of time with people per day: hours |
| How much money per month are you willing to budge | et 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? |
| | ··· · ··· |
| | |
| Are you willing to take your foster rabbit to adoption | events? How often? |
| | |
| | |
| 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): | | | |
|------------------------------|-------------|----------------------|--------------------|-------|--|--|
| | | | | | | |
| | | | | ••••• | | |
| For Staff/Superviso | or Use Only | | | | | |
| Approved | | | | | | |
| Topics reviewed with | fosterer: | | | | | |
| spay/neuter | | litterbox training | | | | |
| bunny proof | fing | destructive behavior | veterinary care | | | |
| □ cage requirements | | bonding | expectations | | | |
| feeding requirements | | grooming | | | | |
| Foster finalized? | 🗋 Yes | No: Why not? | | | | |
| | | | | | | |
| Staff/Supervisor's Nan | ne: | | Date: | | | |
| | | | | | | |
| Foster Placement F | | | | | | |
| Comments: | | | | | | |
| | | | | | | |
| Actions Necessary: | | | | | | |
| | | | | | | |
| Staff/Supervisor's Nan | ne: | | Date: | | | |
| | | | | | | |
| | | | | | | |
| Denied Reason for denial: | | | | | | |
| | | | | | | |
| | | | | | | |
| Comments: | | | | | | |
| | | | | | | |
| Staff/Supervisor's Nan | ne: | | Date: | | | |