

Adoption Application

Thank you for considering adopting a new friend from Fluffle Monsters! Please fill out the questionnaire below and we will contact you as soon as possible!



bun.adoptions@gmail.com
www.flufflemonsters.org

Date: _____

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Which rabbit(s) are you applying to adopt? _____

1. How many animals live in your home _____? Species _____

2. How many humans live in your home? _____

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____ 3.

Will the rabbit be interacting with any other children? () Y () N

4. Do you or anyone in your home have a hay allergy? () Y () N

5. Do you rent or own your home? () RENT () OWN

6. If rent, list landlord contact info:

7. References (list 3; Name, Relationship & Phone or Email):

1. _____

2. _____

3. _____

8. Who is your current vet? (name/phone): _____

9. Have you had pet rabbits before? () Y () N

If yes, what happened to them? _____

10. Have you ever surrendered to a shelter or given away a pet? () Y () N

If yes, Why? _____

11. What type of living space will your new rabbit have? _____

12. Where will the rabbit's living space be located? _____

13. How many hours per day will you, or other people in your home, spend with your new rabbit? _____