

RABBIT OWNER'S QUESTIONNAIRE



Please fill out this form as completely as possible! No one knows and loves your rabbit the way you do. To help us find the best new home for your rabbit, please provide as much detail as possible about the likes, dislikes, quirks, history, and vet care of your friend. Behavioral and medical issues do not necessarily create problems, but failing to disclose them certainly does! Our mission is to Save and Enhance Lives!

Reservations are Required! After we receive and review your completed Rabbit Owner's Questionnaire, we will contact you within 24-hours to schedule your intake appointment. Please plan ahead, same-day appointments are not always available. Your appointment is not a drop-off time! Know that appointments last approximately 45-minutes. Don't forget to bring your pet's veterinary history to your appointment along with your pet's favorite toy(s) or bedding to help your rabbit feel comfortable at our Community Center.

Return this form via fax to: 408/262-2131

Return this form via e-mail to: customer_care@hssv.org

YOUR CONTACT INFORMATION

Your Name: _____ Day phone: _____
E-mail: _____ Evening phone: _____
Address: _____ City: _____

DESCRIPTION OF YOUR RABBIT and BASIC HISTORY

Rabbit's Name: _____ Age: _____ Sex: Male Female Altered: Yes No

Breed: _____ Does your rabbit have a microchip? Yes No Chip #: _____

Why do you need to give up your rabbit? _____

If we could help you resolve the issue, would you consider keeping your pet? Yes No Maybe

Have you tried to find a home for your rabbit on your own? Yes No

Have you contacted any rescue groups for help in re-homing your rabbit? Yes No

How long have you owned your rabbit? _____

If this is not your rabbit, who owns this rabbit? _____

Who in your household is the rabbit's primary caretaker? _____

Including yours, how many homes has this rabbit had? _____

Where did you get your rabbit from?

- | | | |
|---------------------------------------|---|--|
| <input type="checkbox"/> Breeder | <input type="checkbox"/> Friend or Relative | <input type="checkbox"/> HSSV (when did you adopt?): _____ |
| <input type="checkbox"/> Pet Store | <input type="checkbox"/> Advertisement | <input type="checkbox"/> Another Shelter / Rescue: _____ |
| <input type="checkbox"/> Born at home | <input type="checkbox"/> Found stray | <input type="checkbox"/> Other: _____ |

FAMILY ENVIRONMENT

Please describe the human family members that your rabbit has **lived** with (check all that apply):

Adult Men Adult Women Senior Citizens Children (what ages): _____

Would you recommend placing this rabbit in a home with children? Yes No

If no, please explain: _____

Describe how your rabbit responds to children (*check all that apply*):

- | | | | |
|---|----------------------------------|----------------------------------|--|
| <input type="checkbox"/> Friendly | <input type="checkbox"/> Playful | <input type="checkbox"/> Ignores | <input type="checkbox"/> Afraid of / runs away from children |
| <input type="checkbox"/> Enjoys being held by children | <input type="checkbox"/> Bites | <input type="checkbox"/> Thumps | <input type="checkbox"/> Never been around children |
| <input type="checkbox"/> Other (<i>please explain</i>): _____ | | | |

Would you recommend placing this rabbit in a home with children? Yes No

If no, please explain: _____

Please check all the animals that your rabbit has ***lived*** with (*check all that apply*):

- | | | | |
|--------------------------------------|-----------------------------------|---|--|
| <input type="checkbox"/> Dogs | <input type="checkbox"/> Cats | <input type="checkbox"/> Male Rabbits | <input type="checkbox"/> Small Animals (<i>what kind</i>): _____ |
| <input type="checkbox"/> Guinea pigs | <input type="checkbox"/> Reptiles | <input type="checkbox"/> Female Rabbits | <input type="checkbox"/> Other (<i>what kind</i>): _____ |

Describe how your rabbit responds to other animals in your household (*check all that apply*):

- | | | | |
|---|----------------------------------|----------------------------------|---|
| <input type="checkbox"/> Approaches & investigates | <input type="checkbox"/> Playful | <input type="checkbox"/> Ignores | <input type="checkbox"/> Afraid of / runs away from |
| <input type="checkbox"/> Friendly interactions with | <input type="checkbox"/> Bites | <input type="checkbox"/> Thumps | <input type="checkbox"/> Never been around children |
| <input type="checkbox"/> Other (<i>please explain</i>): _____ | | | |

Would you recommend placing this rabbit in a home with other animals? Yes No

If yes, what types of animals: _____

HOME and CAGE ENVIRONMENT

Where is your rabbit *primarily* housed (*check one*):

- | | | |
|---|--|---|
| <input type="checkbox"/> Inside the home | <input type="checkbox"/> In the garage | <input type="checkbox"/> Outside the home |
| <input type="checkbox"/> Other (<i>please explain</i>): _____ | | |

Please describe your rabbit's housing environment (*check all that apply*):

- | | | |
|---|---|---|
| <input type="checkbox"/> Wire bottom cage | <input type="checkbox"/> Flat/plastic bottom cage | <input type="checkbox"/> Outdoor hutch |
| <input type="checkbox"/> X-Pen | <input type="checkbox"/> Free roaming in home | <input type="checkbox"/> Free roaming outside |
| <input type="checkbox"/> Other (<i>please explain</i>): _____ | | |

Where was your rabbit kept when no human members of your family were at home (*check all that apply*):

- | | | |
|---|---|--|
| <input type="checkbox"/> Free run of home | <input type="checkbox"/> Confined to one room in home | <input type="checkbox"/> In its cage / usual housing environment |
| <input type="checkbox"/> Other (<i>please explain</i>): _____ | | |

Do you provide a litter box for your rabbit? Yes No If yes, is the rabbit litter box trained? Yes No

What type of litter do you provide? _____

Does your rabbit now, or has your rabbit ever, shared its living space with another animal? Yes No

If yes, describe how your rabbit interacted with his/her roommate? _____

EXERCISE, PLAY and BEHAVIOR

How much time does your rabbit spend outside of its cage/hutch (*check one*):

- | | | |
|---|---|---|
| <input type="checkbox"/> Once a day | <input type="checkbox"/> A couple of times a week | <input type="checkbox"/> Less than once a week |
| <input type="checkbox"/> More than once a day | <input type="checkbox"/> Whenever we are home | <input type="checkbox"/> Less than once a month |
| <input type="checkbox"/> Other (<i>please explain</i>): _____ | | |

Is your rabbit every allowed outdoors for exercise? Yes No

If yes, please explain where/how: _____

Does your rabbit enjoy being petted (*check all that apply*)?

- Yes, will nudge for more Yes No No, runs away
 Other (*please explain*): _____

Does your rabbit enjoy being held (*check all that apply*)?

- Yes, very much Tolerates No, struggles when held No, runs away
 Other (*please explain*): _____

Is your rabbit afraid of anything (*check all that apply*)?

- Loud noises Thunder Vacuum Other animals (ex. dogs or cats)
 Men Women Children Strangers
 Other (*please explain*): _____

Does your rabbit enjoy sitting with you (*check all that apply*)?

- Yes, often in lap Yes, occasionally in lap Rarely
 Yes, next to me Occasionally beside me Never
 Other (*please explain*): _____

What are your rabbit's favorite activities (*check all that apply*)?

- Toss the toy Rearranging cage / enclosure Chewing
 Chase games, running and jumping Playing with people Digging
 Other (*please explain*): _____

What are your rabbit's favorite toys (*check all that apply*)?

- Hanging toys Balls Newspaper and/or towels for digging
 Wood and/or willow chews Hard plastic toys (ex. baby keys) Doesn't play with toys
 Baskets Cardboard items and/or paper bags Never given toys
 Other (*please explain*): _____

How does your rabbit react when his/her cage is being cleaned (*check all that apply*)?

- Allows without issues Seems annoyed and rearranges stuff Grunts, thumps, lunges, or nips
 Seems scared and runs away Rabbit is removed for cleaning Don't regularly clean cage / hutch
 Other (*please explain*): _____

How does your rabbit respond to visitors and/or strangers (*check all that apply*)?

- Friendly and interested Playful Afraid, runs away and/or hides
 Ignores Will bite or scratch Doesn't see visitors
 Other (*please explain*): _____

Please tell us about your rabbit's "bad habits" (*check all that apply*)?

- Chews cords Digs in plants Scratches flooring Chews on furniture / baseboards
 Nipping at ankles or pants Bites people Scratches people Doesn't like being handled
 Other (*please explain*): _____

Nipping and biting can be very normal rabbit behaviors; does your rabbit have a tendency to bite people? Yes No

If yes, under what circumstances: _____

How hard does the rabbit bite? _____ Does it break skin? Yes No

Scratching can be a very normal rabbit behavior; does your rabbit have a tendency to scratch people? Yes No

If yes, under what circumstances: _____

How often does the rabbit scratch? _____ Does it break skin? Yes No

DIET, HEALTH and GROOMING

What type of food does your rabbit eat (*check all that apply*)?

- Pellets with seed mixed in Alfalfa based pellets Timothy based pellets
 Grass hay (ex. timothy or oat) Alfalfa hay Whatever is at the store

Vegetables (*what kind*): _____

Fruits (*what kind*): _____

Other (please explain): _____

Does your rabbit get "treats" on a regular basis? Yes No If yes, what kind? _____

How does your rabbit drink water? Water bottle Water bowl

Has your rabbit been to the veterinarian? Yes No

If yes, name and location of your rabbit's veterinarian: _____

Has your rabbit ever been diagnosed or treated for any of the following by a veterinarian (*check all that apply*):

- Fleas Abscesses Fur mites
 Malocclusion / Dental Problems Ear mites Skin problems
 Runny eyes Runny nose Sneezing
 Digestive problems My rabbit has never seen a vet No, my rabbit has always been healthy
 Other illness / condition: _____

Does your rabbit require regular medication and/or a special diet? Yes No

If yes, please explain: _____

Is your rabbit accustomed to (*check all that apply*):

- Bathing Brushing Nail Trimming
 Teeth Cleaning Medicating Other: _____

Are there any places on your rabbit's body that s/he does not like being touched, brushed or petted? Yes No

If yes, please explain? _____

OTHER

What makes your rabbit the happiest? _____

What upsets your rabbit the most? _____

What else should we know about your rabbit so we may find it the *best* home? _____

OFFICE USE ONLY

	Date	Time	Initials	Message Left?
Questionnaire Received				
Call Back 1				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Contact
Call Back 2				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Contact

Appointment Date: _____ Appointment Time: _____ CCare Behav SNds Med

A# _____ P# _____ Questionnaire Review by: _____