

RABBIT SURRENDER APPLICATION

Humane Society Silicon Valley offers pet surrender services as space and resources allow. Our primary role in the community is to save the lives of animals at risk in local municipal shelters; therefore, we ask that you only consider surrendering your pet to our shelter as a last resort. If you feel you have exhausted all other options, please complete this form as thoroughly as possible and send it back to us via the contact information on the last page. Thank you for your consideration!



Next Steps: Reservation Required Once we receive the completed application we will contact you within 48 hours to review the information and discuss your options and next steps. Please do not bring your pet to the shelter without an appointment, as drop-in's will not be accommodated.

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 Spayed/Neutered?: Yes No

Breed and Color: _____

Is your rabbit microchipped? No Yes Chip #: _____

Why do you need to give up your rabbit? _____

If you have a time limit, please tell us the date you need to surrender by: _____

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

Relinquishing your pet to an animal shelter should be a last resort, what have you already done to try and find your rabbit a new home? _____

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 |

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 |

Other (*please explain*): _____

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 |
|--|--|---|

Other (*please explain*): _____

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 |

Other (*please explain*): _____

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 |
|---|---|--|

Other (*please explain*): _____

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 |

Other (*please explain*): _____

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*):

- | | | | |
|---|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes, will nudge for more | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> No, runs away |
| | | | <input type="checkbox"/> No, will bite or scratch when I try |

Other (*please explain*): _____

DIET, HEALTH and GROOMING

Name and Phone # of your rabbit's veterinarian: _____

Approximate date of last visit: _____ Reason for visit: _____

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 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? _____

Thank you for taking the time to fill out this application; this information is key to helping us help you and your pet. Please send this completed form to:

HSSV Intake Department

e-mail (preferred): intake@hssv.org

Fax: (408)262-2131

Mail: 901 Ames Ave. Milpitas, CA 95035

Questions? Please contact (408)262-2133 x110