

Perfect match

APPLICATION TO ADOPT OR FOSTER A RABBIT

Great news; you want to adopt or foster a rabbit from us. We just need to get a few details from you so we can find the perfect animal for you. Please answer honestly so we find the right match!

A FEW DETAILS ABOUT YOU

Mr/Mrs/Miss/Ms/oth	
er	Surname
First name	Email
Address	
	Postcode
Best telephone number(s) to contact o	n
(We will normally contact you between 8am centre.)	-5pm, but it may be the evening if you are applying to a branch without an animal
WHERE DID YOU HEAR ABOUT U	JS?
Advertisement Already aware of cent	re/branch
□Just passing □Word of mouth □NCC	/RSPCA enquiries Other (please state where)
YOU ARE INTERESTED IN:	
Fostering OR Adopting	
Age of rabbit(s) Less than a year old Gender of	□2-5 years □5-8 years □5 years + □Any
rabbit(s)	Either
	abbits Rabbit(s) to bond with existing rabbit(s) e that you are interested in? If so please tell us the
A LITTLE BIT ABOUT YOUR HOM	E:
Do you: □Own □Rent If you ren	t, have you got written permission from your landlord? □Yes □No
Do you have a garden? □Yes □No	Communal
Do you have the rabbit(s) accommodation	on already? Yes No
If yes, what size is the shelter (hutch, pla	ayhouse, shed etc.)? ft wide x ft deep x ft high
Is the living area (run) permanently atta	ched to the shelter? □Yes □No
What size is the living area (run)?	ft wide x ft long x ft high
	ed? Grass Concrete Decking Paving slabs

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Dther (please specify)			
Are you able to provide photographs of the shelter and living areas? Yes No			
A LITTLE BIT ABOUT YOUR FAMILY:			
Who lives at home? Adults Children Children's ages			
Do you own other rabbits? Yes No			
If yes, please state gender, age and breed/size Are they neutered? I Yes I No Have they been vaccinated within the last year? I Yes I No			
Do you own other pets? Dogs Cats Rodents Pet birds Other, please state			
A LITTLE BIT ABOUT YOUR LIFESTYLE: What provision do you have for cleaning out and feeding the rabbits, i.e. who and frequency?			
Are you planning any of the following? Moving house Holiday in the next few weeks			
YOUR IDEAL RABBIT WOULD:			
Be litter-trained Very important Quite important Not important			
Enjoy being picked up/petted Very important Quite important Not important			
I need an indoor-only rabbit IYes No Don't have a preference			
I am a first time rabbit owner/fosterer Yes No			
Signature Date			
We'd love to keep you updated about our fundraising activities, products and ways in which you can support us to help animals. Tell us how you would like to hear from us. Post Telephone Email SMS 			
RSPCA Branch (a separately registered charity) as a joint data controller. The term "RSPCA" will refer to both data controllers.			

Whilst every care is taken to find the right rabbit(s) for you, we cannot guarantee behaviour. Please take this form to your nearest animal centre/branch, or email if requested. Do not send to us, unless requested, as we cannot process postal applications.

DISCLAIMER - PLEASE READ AND TICK IF YOU AGREE

RSPCA York and District Branch will retain an interest in the animal and reserves the right to reclaim it, if the Branch feels the animal is not being fed, housed or cared for to our satisfaction. Should the animal ever need to leave your care it must be returned to the York Animal Home where ever possible.



You understand the full liability for any veterinary fees incurred at any future date remain your responsibility, unless otherwise agreed before adoption.

You understand that although we have told you everything we know about the animal, we do not always have a complete history and therefore cannot guarantee behaviour etc.

RSPCA York and District Branch are here to offer advice on any aspect of caring for your animal; it may take up to 6 months for an animal to settle into its new home.

By completing and signing this slip I give permission for the Veterinary Practice below to release information to the RSPCA York and District Branch regarding any pets I currently have or have previously owned.

Veterinary Practice and address	
Your name	
Your address	
Your signature	Date

Staff use only Staff member consulted:	Date:
Animal Reserved/Interested in (Name/Ref	
#) Comments:	

Staff use only Home Visitor referredDate	Time
Animal Reserved (Name/Ref #)	
VET REFERENCE	
VET PHONED:	
Signed	Date
DECISION THIS HOME VISIT HAS BEEN PASSED SUB	JECT TO THE FOLLOWING
RESTRICTIONS	
Signed THIS HOME VISIT HAS BEEN FAILED BECA	Date
THIS HOWE VISIT HAS BEEN FAILED BECA	032
Signed	Date
NOTIFICATION	Date
PHONE CALL DATE AND TIME	
Signed	Date

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