



ADOPTION CONTRACT

Foster name: _____ Sex: _____ Age: _____
Breed: _____ Color: _____ Weight (at maturity): _____
Neutered/spayed on: _____/_____/_____ Date to neuter: _____/_____/_____
(If immature at the time of adoption)

In assuming responsibility for the above rabbit, I agree to never physically abuse him/her, nor will I allow any other person or animal to do so. I will always supervise any children when they are playing with this rabbit.

I agree to give the rabbit play and exercise time in a safe environment. I agree to bunny-proof my home. I am adopting the rabbit as a HOUSE pet, and at no time will s/he be left outside overnight. I will supervise any daytime, outdoor, play activity and provide protection from predators. I will monitor the outdoor temperature closely.

I agree to provide this rabbit with a balanced diet with daily fresh food and water. I also agree to provide medical care to always keep this rabbit in good health.

I agree that this animal will not be bred. In the case of a juvenile rabbit, I agree that I will have the rabbit neutered/spayed by the age of six months at a veterinarian recommended by the House Rabbit Society. Once the operation has been performed, I will send a veterinary certificate to the House Rabbit Society. I will also separate any unneutered pairs of mixed sexes when they approach sexual maturity (3 months), until at least one is neutered. I understand that spaying and neutering of shelter animals is the law.

Once this rabbit is adopted, the House Rabbit Society is not liable or responsible for any damage or injury caused by the adopted rabbit. I understand that the House Rabbit Society foster parents do not know of any health problem this rabbit may have other than those that have been disclosed to me. I understand that health problems may arise in the future for which the House Rabbit Society or its representatives will not be responsible.

I agree that the House Rabbit Society is authorized to remove this animal if s/he is not receiving adequate home care, or is being endangered by lack of veterinary care, or if there has been a violation of the adoption agreement or any local anti-cruelty laws.

If I am unable to maintain this agreement, for any reason, I will return this animal to the House Rabbit Society in accordance with policy. I will notify the fosterer when this animal dies.

I have read this agreement and will abide by its terms. I am also aware the adoption fee is non-refundable.

Signature: _____ Date: _____/_____/_____
Print name: _____ Phone: _____
Address: _____
e-mail: _____

RECEIPT

Received from person(s) named above and on the same date, a donation in the amount of \$ _____
(Please make checks payable to T.H.E. Rabbit Resource.)

Signature: _____ Date: _____/_____/_____
Print name: _____ HRS fosterer representative

Thank you for your contribution. It will help us rescue another bunny. We are a tax-exempt, non-profit organization.

VETERINARY REFERRAL

Dr/s _____ Phone: _____
Hospital name: _____
Address : _____



T.H.E. Rabbit Resource
Rescue • Fostering • Education • Adoption
The New York State Chapter of the House Rabbit Society