



# The Rabbit Haven Adoption Contract

PO Box 66594, Scotts Valley, CA 95067 (831) 600-7479 (831) 239-7119

Adopter Name \_\_\_\_\_ Date of adoption: \_\_\_\_\_  
Physical Address \_\_\_\_\_ City \_\_\_\_\_  
State + Zip \_\_\_\_\_ - \_\_\_\_\_  
Telephone number(s) (H) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_  
E Mail(s): \_\_\_\_\_  
(Print) Name of rabbit(s) I am adopting: \_\_\_\_\_  
Date of contract completion: \_\_\_\_\_

I agree to the following facts, terms and conditions. Please read, and then initial each section in your contract.

1. I agree to provide a safe, healthy, **indoor** environment for my rabbit. I will not allow my rabbit to be outside due to RVHD and Myxomatosis. The rabbit will be set up in a place away from any predators, disease (raccoon droppings/fleas/mosquitoes) and exposure to adverse temperatures,(indoors). \_\_\_\_\_ I understand the costs of maintaining a healthy rabbit. This will include annual medical exams and any medical care the bunny may need later. I have adequate funds to be able to provide for the needs of this rabbit. \_\_\_\_\_
2. I agree to have the rabbit as part of the family and not kept apart in a far off space or hutch. I understand the rabbit needs social interaction and love for their emotional well-being. I understand that ongoing contact is necessary to maintain the well being of my bunny. Long periods of isolation in closed rooms, garages etc. where the bunny cannot be a part of the family will create both emotional and physical harm. \_\_\_\_\_ Finally, all members of my family want the rabbit I am adopting. \_\_\_\_\_
3. I understand that the enclosure size appropriate for the rabbit is a minimum of 4' X 4'. I understand that the bunny cannot stay in an enclosure all of the time and will require time and space to run about freely to get plenty of exercise. X pens may be used to provide a safe place that bunny can call home- other enclosures work well, such as NIC cube enclosures. \_\_\_\_\_
4. I agree to read the Rabbit Haven Rabbit Care information and agree to take the rabbit to a vet for annual exam and as needed. \_\_\_\_\_
5. I agree if I am adopting a pair that I have read and understand the bonding needs of this pair. I have learned about housing issues and other matters needed for their safety while bonding occurs. I agree to be in touch with my counselor to continue bonding processes as needed. \_\_\_\_\_
6. (If renting or leasing): I have the permission of my landlord to keep a rabbit or rabbits in my house or apartment. This permission is in writing in my lease. \_\_\_\_\_ **If I move, I agree to secure housing that will allow my rabbit to stay with me.** \_\_\_\_\_
7. I agree to provide the rabbit with fresh food and water daily including hay, high fiber pellets and plenty of dark leafy greens. I agree to read and follow the dietary guidelines provided by The Rabbit Haven. \_\_\_\_\_
8. **If my rabbit is a baby** I understand that I am responsible to have this rabbit spayed or neutered by 4 months for males or at 6 months for females. I understand that this will be my responsibility. I agree to contact The Rabbit Haven & to send a copy of the s/n certificate when my rabbit is s/n to the Rabbit Haven. \_\_\_\_\_
9. **Deposits.** I am paying a deposit for the spay or neuter of my adopted rabbit. \$55.00. **100% of this deposit will be returned when I have spayed or neutered the rabbit.** Send your spay/neuter certificate [Director@therabbithaven.org](mailto:Director@therabbithaven.org) for your full refund. \_\_\_\_\_ By Paypal or ck.
10. I agree not to sell, breed or to use this rabbit(s) for experimentation or for any reason. \_\_\_\_\_
11. I understand that this is a companion pet rabbit adopted as an addition to my family. \_\_\_\_\_
12. **I agree not to give this rabbit to a third party. (Including a shelter). This is a permanent adoption.** \_\_\_\_\_

13. I agree not to euthanize the rabbit except in the case of terminal illness & intractable pain with no hope of recovery, and in that case, the euthanasia must be performed by a licensed veterinarian. \_\_\_\_\_
14. I have no allergies to rabbit fur or hay and no one in my household has an allergy to rabbit fur or food. \_\_\_\_\_
15. I agree to handle the rabbit appropriately and carefully as instructed by The Rabbit Haven. \_\_\_\_\_ I agree not to add an additional pet that may be a danger to the rabbit. (for example: Certain dogs, snakes or any predatory animals) \_\_\_\_\_ I agree to read all of my education materials and to follow approved rabbit care guidelines as outlined in this material \_\_\_\_\_
16. I have no animals that will harm the rabbit \_\_\_\_\_. I will supervise play activities while introducing pets and will follow introduction guidelines given by TRH \_\_\_\_\_
17. If there is a young child at home under 7, I agree to supervise all rabbit play with my children so the rabbit will not be harmed. \_\_\_\_\_
18. I agree to make my home "bunny safe". I will cover all cords the rabbit has access to so that the rabbit will not be injured. I have learned how to make my home bunny safe. \_\_\_\_\_ I agree to keep my bunny indoors at all times except when out in a stroller that is zipped up \_\_\_\_\_
19. I agree to take my rabbit to be examined by either my own rabbit vet or to one of the rabbit savvy vets referred by the Rabbit Haven. I agree to provide my new rabbit companion with any needed medical care they may require. \_\_\_\_\_
20. **I agree to have my rabbit vaccinated for RVHD annually** \_\_\_\_\_
21. I understand that my adoption is meant to be permanent. I agree to keep my rabbit with me during any life changes (school, housing changes, moving due to job, ETC.) In emergencies, severe illness or death, rehoming will be arranged promptly with TRH. **I agree not to take the rabbit to an animal shelter or to another rescue.** I understand that I may not give the rabbit to another party. I understand that rehoming program is available through TRH and that this process may 6 weeks or longer to facilitate. Rehoming needs, due to death of owner, or other emergency reasons may be arranged with TRH quickly \_\_\_\_\_ Call 831 239-7119 (director@therabbithaven.org)
22. **I agree not to give away, sell or rehome my Rabbit Haven adopted rabbit for any reason.** \_\_\_\_\_
23. I am an adult (18 or over) and I understand that this contract is legally binding. \_\_\_\_\_
24. If the conditions of this contract are not met, TRH reserves the right to reclaim the rabbit.

**Printed name of adopter** \_\_\_\_\_

_____ (adult)	_____ (date)
Adoptive Family Representative (signature)	_____ (date)
_____ (signature)	_____ (date)
Rabbit Haven Representative	

Vet referral: \_\_\_\_\_

Adoption donation \$\_\_\_\_\_ (Non refundable) (other donations: \_\_\_\_\_)

Deposit(s)

Other product \$ \_\_\_\_\_ microchip \_\_\_\_\_ list items here: \_\_\_\_\_

Total: \$ \_\_\_\_\_ Paid by(ck one) \_\_\_ Square \_\_\_ Paypals \_\_\_ Cash \_\_\_ Check