

Animal Rescue League of Boston **RABBIT INTAKE PROFILE**

Please fill this out so we can find the best home for your rabbit!

Date:						
Part 1: Household History						
1) Rabbit's name: Age of rabbit? yrsmos.						
2) How long have you had your rabbit? yrs mos.						
3) Why are you giving up this rabbit?						
4) What would have to happen for you to keep this rabbit?						
5) Where did you acquire your rabbit?						
Animal Rescue League Other Animal Shelter Friend/Relative Newspaper Found/Stray Breeder						
Pet Store Gift Own Litter Other						
6) Please describe your household: Quiet Active Noisy						
7) Please list the ages of household members your rabbit has lived with:						
Men Women Children						
8) Who was the primary caretaker for the rabbit?						
9) How did your rabbit react when <u>outside</u> of the cage to people?						
Friendly/Approaches Playful Afraid/Runs Away Ignores Bites No men in household						
10) How did your rabbit react when <u>inside</u> the cage to people?						
Friendly/Approaches Playful Afraid/Runs Away Ignores Bites No men in household						
11) What other animals did your rabbit live with? No other animals in household						
Dogs #Breed Cats # Other						
12) What was the rabbit's reaction to the other animals in your household?						
Ignores Approaches Afraid/Runs away/Thumps No contact with other animals in household						
Part 2: Rabbit's Cage History						
1) Where is the rabbit's cage located?						
2) What type of caging is the rabbit housed in? Wire bottomed with no cover on bottom Wire bottomed with						
some covering on bottom Plastic bottomed cage X-Pen Free roaming in room No cage						
) Has your rabbit ever been housed with another animal? Never Rabbit Other						
4) What was your rabbit's reaction to this other animal?						

5) When alone is your rabbit: Free in the house/Confined to a room Outside In Cage

Part 3: Rabbit's Behavior History

1) How much out-of-cage time does your rabbit get daily?						
) Does your rabbit like to be held? Yes Tolerates No, Struggles No, Scratches or Bites						
3) Does your rabbit like to be petted? Yes Tolerates No, runs away No, Bites						
4) Does your rabbit like to sit with you? Often, in lap Occasionally, in lap Often, sitting beside you						
Occasionally, sitting beside you Rarely Never						
5) Please tell us about your rabbit's "bad habits": Scratches rugs/hardwood Chews on Baseboards						
Digs in plants Chew Cords						
6) Is your rabbit accustomed to: Bathing Brushing Nail trimming Teeth cleaning Medicating						
Part 4: Rabbit's Medical History						
1) Did your rabbit see a veterinarian on a regular basis? Yes No						
2) Does your rabbit have any past or present medical conditions? Yes No						

4) Is your rabbit spayed or neutered? Yes No If yes, how long ago?

Part 5: Additional Information

This rabbit would do well in a home with the following:

Kids:	Of any ag	ge Ages	5 and over	Ages 9 and o	ver	Ages 14 and o	over No k	ids at all
Other A	nimals:	With Any	Cats only	Dogs only	No dogs	No cats	With None	Other
Visitors	: Many	visitors	Few visitors	No visitors				

Part 6: Please feel free to tell us any additional helpful information

By signing below, I certify that all information given is accurate and truthful to the best of my knowledge.

Signature:	
Print Name:	-
Date:	Edited 12/1/11