

# Application for rabbit adoption



## 1 Applicant details

Title \_\_\_\_\_ First name \_\_\_\_\_ Family name \_\_\_\_\_  
Street \_\_\_\_\_ Suburb \_\_\_\_\_  
City \_\_\_\_\_ Postcode \_\_\_\_\_  
Phone-home \_\_\_\_\_ Phone-work \_\_\_\_\_  
Mobile \_\_\_\_\_ Email \_\_\_\_\_

What is your NZ residency status?  
 NZ citizen  Permanent resident  Other, please state \_\_\_\_\_

## 2 Your household

How many people live in your household? \_\_\_\_\_ Please provide ages of any children under 18 \_\_\_\_\_  
What best describes your current living situation?  
 Renting  Own your own home  Live with family  Other, please state \_\_\_\_\_  
If renting you require your landlord's permission:  
Landlords name: \_\_\_\_\_ Contact: \_\_\_\_\_  
Is a new baby expected in your family?  No  Yes  
Does anyone in the home suffer from animal related allergies?  No  Yes

## 3 Planning for a rabbit in your household

What is your main reason for adopting a rabbit?  
Have you owned a rabbit before?  No  Yes  
If yes, what happened to it? \_\_\_\_\_  
Please describe the current pets in your household: \_\_\_\_\_  
Where will your new rabbit be housed? \_\_\_\_\_  
If you have existing rabbits, do you have separate housing for the new rabbit? \_\_\_\_\_  
(Bonding rabbits needs time and patience. More information is available to help you. Please ask us.)  
If you have an existing rabbit, is it de-sexed?  No  Yes  
If you have existing rabbits, are they vaccinated?  No  Yes  
Are you aware how to treat rabbits for fleas and mites?  No  Yes  
What activities will you do with your rabbit? \_\_\_\_\_  
How will your rabbit be cared for if you go on holiday? \_\_\_\_\_  
If your rabbit developed a behavioural issue, what would you do? \_\_\_\_\_  
Are you aware of the responsibilities and cost of owning a rabbit?  No  Yes  
We would be happy to discuss this with you. Rabbits can live for between 6-10 years so you need to be prepared for a lifelong commitment.  
How did you know SPCA had rabbits for adoption? \_\_\_\_\_

## Signature

4 We appreciate your cooperation in completing this form. Our aim is to adopt each rabbit to the most suitable owner. We reserve the right to decline any application at our discretion and to request proof of ID. You must be over 18 to adopt a rabbit. Please sign below to indicate your understanding of this.

Signature: \_\_\_\_\_ DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

# Rabbit adoption agreement



Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

## Details of rabbit #1

ID no: \_\_\_\_\_

Name: \_\_\_\_\_

Colour/markings: \_\_\_\_\_

Microchip number: \_\_\_\_\_

Room no. \_\_\_\_\_

Comments: \_\_\_\_\_

Estimated age: \_\_\_\_\_

Breed: \_\_\_\_\_

Sex:  male  female

## Details of rabbit #2

ID no: \_\_\_\_\_

Name: \_\_\_\_\_

Colour/markings: \_\_\_\_\_

Microchip number: \_\_\_\_\_

Room no. \_\_\_\_\_

Comments: \_\_\_\_\_

Estimated age: \_\_\_\_\_

Breed: \_\_\_\_\_

Sex:  male  female

## Conditions of animal adoption

I understand and agree to the following terms and conditions:

1. I accept full responsibility for the animal I have chosen to adopt and for its welfare.
2. I understand that at the time of the adoption SPCA is acting in good faith and is not aware of any health concerns affecting the animal. However, if SPCA is aware of any existing health issues, these will be clearly disclosed and explained to me, and I choose to adopt the animal with knowledge of these health issues.
3. I understand that I may have rights and remedies available to me under the Consumer Guarantees Act 1993. Subject to that Act, if the adopted animal shows signs of ill health within 14 days of the date of this agreement, SPCA may, in its sole discretion, refund you part of the veterinary costs you incur, provided:
  - a. SPCA is given immediate notice of the illness;
  - b. you take the animal to a veterinary facility of SPCA's choice; and
  - c. SPCA agrees in writing to provide the refund prior to the commencement of any treatment.
4. I will abide by all relevant laws of New Zealand, including the Dog Control Act 1996 (where applicable) and the Animal Welfare Act 1999. I understand that I must provide the animal with suitable and sufficient animal food, water, shelter and veterinary treatment and that I commit an offence if I do not do so.
5. I will ensure all details for the animal on the microchip database remain current.
6. If I need to rehome the animal, I shall ensure this is done with due diligence, care and skill to ensure the best outcome for the animal.
7. I have read, understand, and agree to SPCA's Privacy Policy (available on [www.spcan.z/privacy](http://www.spcan.z/privacy)). I authorise SPCA to collect and retain my name and contact details, and to disclose those details to certain related entities, contractors, personnel, agents and other third parties, for the purpose of adopting the animal, and for other purposes described in SPCA's Privacy Policy. I authorise SPCA to disclose those details, and details of my adopted animal, to any Council and its Animal Management Contractors, for the purpose of registering my adopted animal with those entities.
8. I agree to SPCA disclosing my contact information with third parties, such as Southern Cross Pet Insurance and Nestlé Purina PetCare, for the purpose of promoting and marketing their goods and services, and informing me of new goods, special offers, and events which might interest me.

Adoption Fee \$ \_\_\_\_\_

Name: \_\_\_\_\_

Witness (placement officer): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_