



New Hanover County
Rabbit Rescue of Wilmington

RABBIT RESCUE ADOPTION CONTRACT

Rabbit Name: _____ ID No: _____ Age: _____
Breed: _____ Color: _____ Sex: _____
Neutered/spayed on: ____ / ____ / ____ By _____ Vet: _____
Weight: _____

Please initial below

• I understand that I am making a commitment to this rabbit for its lifetime of ten years or more. Should my life circumstances change; should the rabbit fall ill; or should other difficulties arise between us, I agree to work through such issues so that he may remain a member of my household.

• I agree to work with this rabbit and with the above-named organization to overcome any behavioral issues that might arise with him so that we may live together in contentment.

• 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 if my rabbit will be housed inside. I agree to keep my rabbit's pen clean on a daily basis.

• **I agree to supervise any outdoor play activity outside with my rabbit and do so understanding the risks of death and infestation of parasites by letting my rabbit be outdoors. I also agree to and understand that it is under the strong advisement of NHC Rabbit Rescue of Wilmington (NHCRR) that I should NOT *under no circumstances* ever house my rabbit in a outdoor environment (hutch, cage or ANY outdoor en-closer) due to the risk of death from predators such as stray dogs, raccoons, and hawks. I understand that out door bunnies lack proper socialization and do not get proper interaction with the family and I will follow the recommendations set by this organization and agree to keep my rabbit in the recommended indoor en-closer. I understand that NHCRR abides by the recommendations set forth by the House Rabbit Society (HRS) (rabbit.org) in strict regards to what constitutes proper housing.**

- I agree to provide this rabbit with a balanced diet with daily fresh food (pellets, hay and vegetables) and water. I also agree to provide medical care to always keep this rabbit in good health. **I do understand that I should bring my new rabbit to the Veterinarian for a exam and well check. I do adopt a rabbit knowing that they could be harboring underlying medical conditions that are either congenital or not evident at the time of adoption.** I understand that I may be required to provide medical attention if my rabbit goes into GI Stasis; or if my rabbit has another medical emergency that occurs shortly after adoption that is most likely due to stress of a change of environment - and I agree that I will not be refunded or compensated for any medical bills nor hold NHC Rabbit Rescue of Wilmington liable for any damages as a result of me adopting this rabbit today.
- 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 above-mentioned organization. I will also separate any unneutered pairs of mixed sexes when they approach sexual maturity (3 1/2 months), until at least one is neutered.
- Once this rabbit is adopted, the above-named organization is not liable or responsible for any damage or injury caused by the adopted rabbit. I understand that health problems may arise in the future for which the above-named organization or its representatives will not be held responsible.
- I agree that the above-named organization is authorized to remove this animal if he or she 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 above-named organization in accordance with policy.
- I have read the agreement and will abide by its terms. I am aware that the adoption fee is non-refundable.

ADOPTER INFO / PLEASE PRINT ONLY AND FILL OUT NEATLY

NAME (FIRST) _____ (LAST) _____

ADDRESS (HOUSE #) _____ (STREET NAME) _____

APT#: _____ CITY: _____ STATE: _____ ZIP: _____

DOB: _____ DRIVERSLIC#: _____ PHONE: _____

EMAIL ADDRESS: _____

I UNDERSTAND I HAVE TO BE 18 TO LEGALLY ADOPT AND SIGN THIS CONTRACT AND MY AGE WILL NEED TO BE VERIFIED FOR THIS PURPOSE - ID IS REQUIRED!

SIGNATURE OF ADOPTER: _____ DATE: _____

NHCRR REPRESENTATIVE: _____ DATE: _____