

Veterinary Reference for Adoption

Rabbit's Name _____ ID # _____ (office only)

Applicant's Name _____

Address _____

Email _____

Home Phone _____

Cell Phone _____

Work Phone _____

Reference Veterinarian _____

Ref. Veterinarian Practice Name _____

Ref. Veterinarian Phone Number _____

Reference Veterinarian's Address _____

Patient's name under Veterinarian's Care _____

Breed _____

Age _____

Sex _____

S / N _____

Length of time this rabbit was under this Veterinarian's Care _____

What care or treatment did this Veterinarian provide your rabbit?

Is your rabbit still under this Veterinarian's care? _____ What Veterinarian do you use now _____

Phone _____ Address _____

How many rabbits have you owned _____ List the breeds you have experience with _____

Do you know what Malocclusion is _____ has your previous rabbit ever had this condition _____

Congratulations! Your adoption application has been accepted and approved!

Advanced Rabbit Care Class Registration

FOR ADULTS 18 & OVER – Material is not appropriate for children

Registrant's Name _____

Address _____

Email _____ Phone No _____

Alt Phone _____ Work Phone _____ Work Place _____

Office Only

Rabbit's Name _____ Id# _____

Breed _____ Sex _____ Age _____

What makes this rabbit a high risk for adoption? _____

Date of Class _____ Time of Class _____

Location of Class _____

Payment type (circle) cash check # credit Receipt # _____

Adoption fee prepaid? (Circle) Yes No AMOUNT DUE \$ _____ PAID \$ _____

NHCRR Rep _____ Date _____

Signature of Registrant _____ Date _____

THE REMAINING ADOPTION FEE IS DUE AT THE TIME OF THE CLASS. THE REGISTRATION FEE RESERVES YOUR ADOPTION AS LONG AS YOU SHOW UP FOR THE MANDATORY CLASS. THE REGISTRATION FEE & ADOPTION FEE ARE NON REFUNDABLE. YOU DO NOT GET TO TAKE YOUR RABBIT HOME UNTIL AFTER THE COMPLETETION OF THE COURSE.