



Santa Barbara County Animal Services

Rabbit Owner Questionnaire

Date: _____

Owner's Name: _____ Email address: _____

Address: _____ City/Zip: _____

Phone Number: _____ Alternative Phone Number: _____

The purpose of this questionnaire is to help us learn more about your pet so that we can offer the best possible solution for your pet. Please answer the questions as honestly as possible. There are no right or wrong answers. Thank you in advance for your time.

Please tell us why you are unable to keep your rabbit: (please circle one)

Housing: Moving Landlord Other: _____

Personal: Not enough time Divorce No money Job loss New baby Illness Death of Caregiver Child lost interest Other: _____

Behavior: Other pets preying on rabbit Getting out of yard Destroying things Breeding Shy/Fearful Other: _____

Veterinary: Pregnant Sick Injured Cannot afford veterinary care Other: _____

If we could assist you to locate resources to overcome your challenge, would you like to keep your rabbit?

Yes No Maybe *If your answer is yes or maybe, please inform the front desk clerk to see what help is available.

FOR OFFICE USE:		
Animal ID #: _____	Shelter arrival date: _____	Staff intake initials: _____

General

1. What is your rabbit's name: _____
2. How old is your rabbit?: _____ months / years
3. How long have you had your rabbit? _____ months / years
4. Is your rabbit Male Female Don't know
5. Where did you get your rabbit ?
Animal Services Another shelter Breeder Pet store Found as a stray Born in my home
Rescue: _____ Other: _____

Health

6. Which of these did you feed your rabbit (circle all that apply):
7. Hay Fresh vegetables Plain green pellets Pellets with seeds, dried fruit or vegetables
8. Other: _____
9. What is your rabbit's favorite food(s):
10. Does your rabbit have a history of sickness or injury? Yes No Don't Know
11. If yes, please describe: _____
12. Has your rabbit been pregnant in the past? Yes No Don't Know
13. Could your rabbit be pregnant now? Yes No Don't Know
14. Has your rabbit been neutered? Yes No Don't Know
If yes, did you personally have you rabbit spayed/neutered Yes No
15. What is the name of your vet or clinic? _____

Behavior

16. Is your rabbit (circle all that apply):
Active Inactive Easily startled Curious about new people or things
Shy Friendly Independent Dependent on a friend
17. 14. Does your rabbit relax around (circle all that apply):
18. Children Dogs Cats Rabbits Other animals, what kind: _____
19. Does your rabbit (circle all that apply):
Approach people Stand still when people approach Accept petting Sit on laps
Stand still to be picked up Relax when carried Runs from people Hides from people
Scratch/Bite, what was the occasion _____
20. If your rabbit had a litter box, did s/he use it? Yes No

Household

21. Would you say your household is

Calm Active Noisy Chaotic

22. Where did your rabbit live?

Yard/Outdoor hutch, size: _____ ft Garage House/cage, size _____ ft

Loose in the House Loose in Yard Combination of house and yard

23. Did your rabbit live:

Alone Bonded with another rabbit In a group of rabbits

With another animal- If so, what kind _____

How did they get along? _____

24. What would be the ideal new home for your rabbit?

25. Is there anything else you would like to tell us about your rabbit?

Thank you for your time. Your input is important to us and will assist in your pet's transition.
Your pet will be evaluated by Animal Services staff to determine adoptability.