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):
   - Hay
   - Fresh vegetables
   - Plain green pellets
   - Pellets with seeds, dried fruit or vegetables
   - 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. Does your rabbit relax around (circle all that apply):
   - Children
   - Dogs
   - Cats
   - Rabbits
   - Other animals, what kind: ______________________________

18. 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.