



CHAMPAIGN COUNTY HUMANESOCIETY

Rabbit Relinquishment Questionnaire

Please complete this form as thoroughly and honestly as possible.

Owner Information:

Full Legal Name: _____

Maiden Name or Other Names used: _____

Address: _____

Street Address

Apartment/Unit #

City

State

ZIP Code

Phone: _____ Secondary Phone: _____

Email: _____ Secondary Email: _____

Have you ever adopted an animal from CCHS? Yes No

Have you ever relinquished an animal to CCHS? Yes No

Animal Information - General:

Why are you surrendering this pet? _____

Rabbit's Name: _____ Nickname(s): _____

Does this rabbit respond to their name? Yes No Unsure

Age or approximate age: _____ How long have you owned this rabbit? _____

Breed or breed mix: _____

Rabbit's gender: Male Female Unsure

Has this rabbit been spayed or neutered? Yes No Unsure

Where did you acquire this rabbit?

CCHS Shelter or Rescue Found as a stray Friend/relative Pet store

Breeder Newspaper Ad Born in my home/on my property Craigslist

Other _____

If you obtained this rabbit from a shelter, breeder, rescue group, or pet store, please provide name and location: _____

Medical History:

Have you ever taken this rabbit to a veterinarian or vet clinic? Yes No

Name of Veterinarian/Vet Clinic: _____ Date of last exam: _____

Are veterinary records in your name? Yes No

If no: Whose name are they under? _____

Does this rabbit have any medical problems? Yes No Unsure

If yes: Please explain: _____

Is this rabbit currently on any medication(s)? Yes No Unsure

If yes: List medications here: _____

Please check all conditions that this rabbit has been diagnosed with or treated for:

- Rabbit calicivirus Urinary Tract Infection Dental problems Allergies
 Ear infections Gastrointestinal problems Skin Problems Ringworm
 Internal/external parasites (fleas, mites, roundworms, etc.)
 Other: _____

Lifestyle & Home Life:

What have you been feeding this rabbit? (Check all that apply)

- Commercial diet Timothy hay Alfalfa hay Fresh vegetables
 Other: _____

Please list the brand of commercial diet this rabbit eats: _____

Does this rabbit prefer a: Water bottle Water dish/bowl

What sort of housing did this rabbit have?

- Cage with solid floor Cage with wire floor Wooden hutch Free roam
 Standing kennel Other: _____

What sort of bedding material was used in this rabbit's enclosure?

- Paper based bedding Wood shavings Hay or straw Fleece None
 Other: _____

Where was this rabbit housed?

- Inside the home Outdoors In garage/barn

Is this rabbit litterbox trained?

- Yes No Unsure

If yes, what kind of litterbox did they use? Rectangular Triangle (corner)

Other: _____

What kind of litter was used? Paper based Pellet Wood shavings Hay

Other: _____

How often was the litterbox cleaned? Daily Every few days Weekly

How consistent is this rabbit with using the litterbox? (Check all that apply)

- Used consistently Occasionally had accidents Accidents are urine only
 Accidents are feces only Accidents are both urine and feces

Personality Profile:

Which traits best describe this **rabbit's** personality? (Check all that apply)

- | | | | | |
|---------------------------------------|-----------------------------------|--|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Energetic | <input type="checkbox"/> Friendly | <input type="checkbox"/> Tolerates handling | <input type="checkbox"/> Playful | <input type="checkbox"/> Affectionate |
| <input type="checkbox"/> Independent | <input type="checkbox"/> Fearful | <input type="checkbox"/> Destructive | <input type="checkbox"/> Avoidant | <input type="checkbox"/> Timid/shy |
| <input type="checkbox"/> Aggressive | <input type="checkbox"/> Social | <input type="checkbox"/> Curious/adventurous | <input type="checkbox"/> Indifferent | <input type="checkbox"/> Intelligent |
| <input type="checkbox"/> Other: _____ | | | | |

Has this rabbit ever bitten anyone? Yes No

If yes, please describe what happened: _____

How does this rabbit act around women? (Check all that apply)

- | | | | | | |
|--|------------------------------------|--|---|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> Friendly | <input type="checkbox"/> Playful | <input type="checkbox"/> Calm | <input type="checkbox"/> Tolerated handling | <input type="checkbox"/> Indifferent | <input type="checkbox"/> Avoidant |
| <input type="checkbox"/> Fearful | <input type="checkbox"/> Timid/shy | <input type="checkbox"/> Prefer women to men | | | |
| <input type="checkbox"/> Acts aggressively (Please explain): _____ | | | | | |

Other: _____

How does this rabbit act around men? (Check all that apply)

- | | | | | | |
|--|------------------------------------|--|---|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> Friendly | <input type="checkbox"/> Playful | <input type="checkbox"/> Calm | <input type="checkbox"/> Tolerated handling | <input type="checkbox"/> Indifferent | <input type="checkbox"/> Avoidant |
| <input type="checkbox"/> Fearful | <input type="checkbox"/> Timid/shy | <input type="checkbox"/> Prefer men to women | | | |
| <input type="checkbox"/> Acts aggressively (Please explain): _____ | | | | | |

Other: _____

Has this rabbit ever been around children? Yes No

Has this rabbit ever *lived* with children? Yes No

If yes: Please indicate the age range of the children:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> 0-2 years old | <input type="checkbox"/> 2-5 years old | <input type="checkbox"/> 6-10 years old | <input type="checkbox"/> 11-18 years old |
|--|--|---|--|

If yes: How does this rabbit behave around children? (Check all that apply)

- | | | | | | |
|-----------------------------------|------------------------------------|--|---|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> Friendly | <input type="checkbox"/> Playful | <input type="checkbox"/> Calm | <input type="checkbox"/> Tolerated handling | <input type="checkbox"/> Indifferent | <input type="checkbox"/> Avoidant |
| <input type="checkbox"/> Fearful | <input type="checkbox"/> Timid/shy | <input type="checkbox"/> Acts aggressively (Please explain): _____ | | | |

Other: _____

Has this rabbit ever *lived* with other rabbits before? Yes No

If yes, how did they act around rabbits they lived with? (Check all that apply)

- | | | | | |
|---|----------------------------------|--|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Friendly/playful | <input type="checkbox"/> Calm | <input type="checkbox"/> Disinterested | <input type="checkbox"/> Avoidant | <input type="checkbox"/> Affectionate |
| <input type="checkbox"/> Aggressive | <input type="checkbox"/> Fearful | <input type="checkbox"/> Territorial | <input type="checkbox"/> Other: _____ | |

Has this rabbit ever been around other rabbits before? Yes No

If yes, how did they act around unfamiliar rabbits? (Check all that apply)

- | | | | | |
|---|----------------------------------|--|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Friendly/playful | <input type="checkbox"/> Calm | <input type="checkbox"/> Disinterested | <input type="checkbox"/> Avoidant | <input type="checkbox"/> Affectionate |
| <input type="checkbox"/> Aggressive | <input type="checkbox"/> Fearful | <input type="checkbox"/> Territorial | <input type="checkbox"/> Other: _____ | |

Has this rabbit been around any other species of animal(s) before? Yes No

What species of animal(s)? Cats Dogs Other: _____

How did this rabbit act around other species of animals?

- | | | | | |
|---|----------------------------------|--|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Friendly/playful | <input type="checkbox"/> Calm | <input type="checkbox"/> Disinterested | <input type="checkbox"/> Avoidant | <input type="checkbox"/> Affectionate |
| <input type="checkbox"/> Aggressive | <input type="checkbox"/> Fearful | <input type="checkbox"/> Territorial | <input type="checkbox"/> Other: _____ | |

How much time does this rabbit spend outside of their enclosure?

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> They are always caged | <input type="checkbox"/> A few hours per week | <input type="checkbox"/> A few hours per day | <input type="checkbox"/> They are never caged |
|--|---|--|---|

Additional Comments:

Tell us any unique characteristics/behaviors about this rabbit:

What type of home would be most ideal for this rabbit?

Please add additional information/comments that would be helpful to the CCHS staff:
