

Friends of Unwanted Rabbits Adoption Contract PO Box 882, Folsom, CA 95763 (916) 710-0105

Name:	CA	A driver's license #	
to address noted)	·	complete and sign contract)(License must re	elate
Address: Physical address/ mail (s	treet address, city, sta	ite and zip code)	
Telephone number(s) (C)E Mail(s):		(W)	
(Print) Name of rabbit(s) I am ado	pting:		
I agree to the following facts, ter	ms and conditions.		
place away from any predators, d temperatures. I have adequate fu	isease (raccoon dropp ands to be able to prov	nt for my rabbit. The rabbit will be set up in pings/fleas/mosquitoes) and exposure to ad vide for the needs of this rabbit. I understan nnual medical exams and any medical care	dverse nd the
understand the rabbit needs social interaction is necessary to mainta	al interaction and love ain the well-being of manny cannot be a part o	ot kept apart in a far off space or hutch. I for their emotional well-being. I understan by bunny. Long periods of isolation in closed of the family may create both emotional and tit I am adopting.	t
enclosure is required. I understan require time and space to run abo	nd that the bunny cann but freely to get plenty	the rabbit is six times the size of the rabbit. not stay in an enclosure all of the time and v y of exercise. X pens may be used to provide work well such as NIC cubes.	will
		nsultation (free) to help with set up question information has been provided to you.	
5. I agree to read the FUR Rabbit	Care information and a	agree to take the rabbit to a Vet as needed.	·
	other matters needed	nderstand the bonding needs of this pair. I he did not their safety while bonding occurs. I agrocesses as needed.	

7. (If renting or leasing): I have the permission of my landlord to keep a rabbit or rabbits in my house or apartment. This permission is in writing in my lease
8. I agree to provide the rabbit with fresh food and water daily including hay, high fiber pellets and plenty of dark leafy greens. I agree to read and follow the dietary guidelines offered by FUR
9. If my rabbit is a baby I understand that I am responsible to have this rabbit spayed or neutered by 4 months for boys or at 6 months for females. I understand that this will be my responsibility. I agree to contact the FUR Director at friendsofunwantedrabbits@gmail.com to schedule with a one of their contracted Vets and to notify them when the spay or neuter is complete
10. Deposits. I am paying a \$50 deposit for the spay and neuter of my adopted rabbit. This deposit will be returned when I have spayed or neutered the rabbit. Send your spay or neuter certificate to FUR, PO Box 882 Folsom, CA 95763 for your refund. \$ FUR will refund your deposit once the spay/ neuter certificate has been received
11. I agree not to sell, breed or to use this rabbit(s) for any project or experiment. This is a companion pet rabbit
12. I agree not to give this rabbit to a third party. This is a permanent adoption
13. I have no allergies to rabbit fur and no one in my household has an allergy to rabbit fur or to rabbit food or hay. I agree to handle the rabbit appropriately and carefully as instructed by FUR. I agree not to add an additional pet that may be a danger to the rabbit. (Certain dogs, snakes or predatory cats.) I agree to read all of my education materials and to follow approved rabbit care guidelines as outlined.
14. I have no animals that will harm the rabbit that will be allowed in the rabbit's area. I will supervise play activities while introducing pets (as appropriate)
15. (If there is a young child at home under 7) I agree to supervise all rabbit play with my children so the rabbit will not be harmed
16. I agree to make my home bunny safe. I will cover all cords the rabbit has access to so that the rabbit will not be injured. I have learned how to make my home bunny safe
17. I agree to take my rabbit to be examined by either my own vet or any one of the rabbit savvy Vets FUR has given me a referral to see. I agree to provide my new rabbit companion with any needed medical care they may require. I agree not to euthanize my rabbit due to a medical need where money is the main factor in saving the rabbit's life. Note: There are many helping agencies available to assist with one time high medical costs. We recommend pet insurance.
18. I understand that if these conditions are not met, that FUR (Friends of Unwanted Rabbits) has the right

• •	to be permanent. In emergencies, rehoming may libits. I agree not to take the rabbit to any animal s	
understand that I may not give the rabbit to	another party. I understand that rehoming progra ks or longer to facilitate. Rehoming needs, due to y reasons may be arranged with our Director,	ım is for
20. Adopter agrees to comply with all state a the area in which the adopter resides.	and local laws and ordinances applicable to the an —	imals of
animal is compatible with the new home; ho guarantee the temperament or behavior of t	ed Rabbits, Inc has made every effort to assure the owever, Friends of Unwanted Rabbits, Inc. does no the animal, and the adopter releases Friends of Un d Members from any liability that may result from	nt nwanted
guarantee as to the health of this animal. In the Unwanted Rabbits. Inc. will no assume response.	Veterinarian, Friends of Unwanted Rabbits, Inc. m the event that the animal needs medical care, Frience onsibility for care or treatment of the animal. By si y have read and understand the foregoing disclain	ends of gning
person, and that the Friends of Unwanted Ra adopter's home if it is judged not to be recei- agreement. The adopter agrees to permit Fri	ect to future follow up visits, either by telephone abbits is authorized to remove this animal from the ving proper care or if there has been a violation of iends of Unwanted Rabbits to visit the premises was agrees that such an entry shall not constitute a tre	e f this here the
24. I understand that there is a tax-deductibl This donation is not refundable	le adoption donation for the adoption of my new	rabbit.
, , ,	e of this Agreement is to safeguard the health and nst neglect, abuse, and cruelty, and that the adopt good will.	
	Printed name of adopter	
	(adult)	(date)
Signature	(Date)	
FUR Representative		
Referred to	DVM (vet)	
Adoption donation \$	chack / cash	
Additional donation \$		(st
Total \$		