

Jersey Shore Animal Center, 185 Brick Blvd., Brick, NJ 08723
Phone (732) 920-1600, Fax (732) 920-3706 www.jerseyshoreanimalcenter.org

RABBIT/GUINEA PIG APPLICATION – Please print and fill out completely

ANIMAL NAME _____ 2ND CHOICE _____ Staff/Volunteer _____

YOUR NAME _____ PHONE _____

ADDRESS _____ TOWN _____ ZIP _____

EMPLOYER _____ PHONE _____ POSITION _____

PET INFORMATION

Have you adopted from the JSAC before? Y or N If yes, when? _____

How many pets do you own currently? DOGS _____ CATS _____ OTHER _____

Dog name(s) _____ Cat name(s) _____

Rabbit/Guinea Pig name(s) _____

How many pets have you had in the last five years? (NOT INCLUDING THE ABOVE PETS)
DOGS _____ CATS _____ RABBITS _____ OTHER _____

Dog name(s) _____ Cat name(s) _____

Rabbit/guinea pig name(s) _____

What happened to these pets? Circle below

LOST STOLEN GIVEN AWAY GIVEN TO SHELTER SOLD DIED STILL HAVE
If pet died, please list date and cause of death _____

If given away, please explain circumstances and indicate name and address of new owner:

Are (were) all of your pets spayed or neutered? Y or N

If not, please explain:

Who is your veterinarian?

Name _____ Address _____

Town _____ State _____ Phone _____

Under what LAST NAME is the pet listed? _____

******* PLEASE FILL OUT OTHER SIDE *******

Do you: OWN RENT SHARE DWELLING LIVE WITH PARENTS OTHER _____

IF YOU RENT, YOU MUST PROVIDE JSAC WITH A COPY OF YOUR RENTAL AGREEMENT (EVEN IF YOU RENT FROM A RELATIVE)

LANDLORD NAME: _____ PHONE _____

Home Type: HOUSE CONDO APARTMENT TRAILER OTHER _____

How long at this address? _____

Do you agree to a house visit by JSAC prior to adoption? Y or N

Do you plan to move within the next year? Y or N

If you move, what will you do with the pet? _____

RABBIT/GUINEA PIG QUESTIONNAIRE

Where will your rabbit/guinea pig be housed? INSIDE _____ OUTSIDE _____ BOTH _____

What size cage do you have? _____ Does it have a wire mesh floor Y N

What type of bedding do you plan to use? _____

What do you plan to feed your rabbit/guinea pig? (Please be specific) _____

What will you provide for your bunny/guinea pig to gnaw on? _____

Do you plan on brushing/bathing your rabbit/guinea pig? Y N

Do you know how to clip your rabbit's/guinea pig's toenails? Y N

Does your veterinarian treat rabbits/guinea pigs? Y N

If not, would you like a recommendation? Y N

Do you plan on having children handle the rabbit/guinea pig? Y N

If yes, what age are the children? _____

Have the children handled rabbits/guinea pigs before? Y N

Are you interested in a HOUSE PET OUTSIDE PET SCHOOL PET GIFT

If gift, for whom is the rabbit/guinea pig a gift? _____

Do you plan to breed your new rabbit/guinea pig? Y N

I, THE UNDERSIGNED, HEREBY AUTHORIZE JSAC TO VERIFY THAT ALL THE ABOVE INFORMATION IS TRUE AND CORRECT, AND PERMIT THE RELEASE OF VETERINARY HISTORY.

Sign here _____ Date _____

How did you hear about us? PetsMart Internet Friend Relative Vet Phonebook Walk-In

PLEASE BE ADVISED: The JSAC adoption process may take several days. Applying for a pet does not guarantee approval or adoption or place a hold on an animal. Decisions are made in the best interest of the animals and people involved.