Today's Date: _____ **ACR# _____**

OAKLAND ANIMAL SERVICES
RESCUE • ADOPT • EDUCATE

RABBIT/GUINEA PIG/HAMSTER
ADOPTION Questionnaire

Name: _____
Address: _____
City: _____ Zip: _____
Phone: (Home) _____ (Cell) _____
E-mail address: _____

OAS STAFF/VOLUNTEER USE ONLY
ID VERIFIED (Inc. age)_____
DATABASE CHECKED _____
TIME SPENT WITH
rabbit/guinea pig/hamster _____
EVERYONE HERE _____

1. Do you understand that your name and information will be checked in our system to confirm that you do not have any history of animal abuse, neglect, or irresponsible pet ownership? Yes____ No____
2. Are you 18 years or older (required)? No ____ Yes ___ (please be prepared to show valid ID)
3. Why do you want this rabbit/guinea pig/hamster? _____

   _____
4. How much time did you spend with the rabbit/guinea pig/hamster outside of its enclosure at the shelter? _____
5. How many people live in the home? _____ Adults _____ Children Ages:_____
6. Are there children who visit the home regularly? Yes ____ No ____
7. Does anyone in your home have allergies to rabbits/guinea pig/hamsters? ___ Yes ___ No
8. Who will be the primary caretaker of the rabbit/guinea pig/hamster? _____
9. How many rabbits/guinea pigs/ hamsters do you currently have? _____
10. Have you had rabbit/guinea pig/hamsters in the past? Yes _____ How many? _____ or No _____
    If yes, what happened to them _____
11. Do you have any other animals? YES / NO List the animals _____
12. Where will the rabbit/guinea pig/hamster stay during the day? Describe: _____
13. Where will the rabbit/guinea pig/hamster stay at night? Describe: _____
14. How will you address each of the potential hazards below to make sure your rabbit/guinea pig/hamster is safe?
    a. Wild animals _____
    b. Electrical cords / wires _____
    c. Poisonous plants _____
    d. Injury from falling _____
    e. Heart attack from fear _____

Applicant Name: _____ ACR# _____

15. Do you understand that we can not guarantee the health of this rabbit/guinea pig/hamster? __Yes ___No
16. How long do you think you will have this rabbit/guinea pig/hamster? _____
17. What would you do about your rabbit/guinea pig/hamster if you suddenly learned that you had to move somewhere that did not allow rabbit/guinea pig/hamster? _____

    _____
18. What will you feed your rabbit/guinea pig/hamster? _____
19. How will you know if your rabbit/guinea pig/hamster is sick? _____
20. It is strongly recommended that rabbits/guinea pig/hamsters have a complete health check annually. Which veterinarian will you use for the care of your rabbit/guinea pig/hamster? _____

    _____

As a Responsible rabbit/guinea pig/hamster Owner:	**Initial Here**
• I will provide my rabbit/guinea pig/hamster with <u>good care</u>, including making sure my rabbit/guinea pig/hamster has appropriate food, water, shelter, veterinary care, exercise, toys and attention.	
• I understand that it is never recommended to leave my rabbit/guinea pig/hamster unsupervised with children. I will ensure that any child properly handles the rabbit/guinea pig/hamster.	
• I have considered the time and financial demands of having a rabbit/guinea pig/hamster. I understand that caring for a rabbit/guinea pig/hamster can cost approximately $25 - $50 a month and that I need to set aside time each day to care for rabbit/guinea pig/hamster to keep her/him healthy and happy.	
• I understand that rabbits/guinea pigs/hamsters are very social animals and need to be around people. I will make my rabbit/guinea pig/hamster an import part of my life and family.	

I certify that the above information is true and correct to the best of my knowledge. I understand that Oakland Animal Services reserves the right to deny the adoption of any animal.

_____ _____

Applicant's Signature Date

If selected as an adopter:

STATEMENT OF ADOPTER (NO WARRANTY)

I (we) hereby acknowledge receipt of the animal known as _____ ACR#. I (we) understand that Oakland Animal Services makes **NO WARRANTY** in regard to the animal's ownership, condition, disposition, past behavior and health and the OAS can only give the information provided with adoption. I (we) agree in that City of Oakland and/or its officers and/or employees shall not be liable, answerable or accountable in any manner for the injury to any person or damage to property or loss of use thereof caused by said officers and employees from any suits, claims or actions brought by any person or persons for or on account of any bodily injuries, disease, illness or damage caused by said animal.

_____ _____

Adopter's Signature Date