

Foster In Place Application

Bunny Buddies is a 501(c)(3) non-profit volunteer organization dedicated to the health and welfare of domestic rabbits. Because of the overwhelming number of rabbits neglected, dumped, and surrendered to shelters, we do everything we can to help foster and place rabbits risking abandonment or euthanasia. Thank you for caring enough to contact us. Your willingness to participate in the rehoming process may very well make a life-and-death difference to your bunny.

Last Name:		First Name: _	
Address:			
City:	State:		Zip Code:
Phone Numbers: Home:	V	Vork:	Cell:
Fax:	Email:		
The bunny I wish to surrender was	s:		
Found Where?			
If we could teach you ab	out rabbit care	, might you be	interested in keeping him/her?
Family pet for which we a	re no longer ab	ole to care	
Reason:			
Family pet with the follow	ing behavior pr	oblems:	
If we could help you allev	viate the above	problem(s), w	ould you consider keeping him/her?
How long have you had this rabbit?	·	If a pet, w	here did you get him/her?
Did you give him/her a name?			
Description:			
Age:	Sex:		Spayed/Neutered?
Primary Color:		Secondary Colo	or:
Litter trained?	_ Good with	children?	With other pets?
Medical History (if known)			
, —			

Please return this form to:
PO Box 131894 Houston, TX 77219-1894
or via email to: foster@bunnybuddies.org
For more info, visit: www.bunnybuddies.org or call the HopLine: 713-822-8256

Foster In Place Terms and Conditions

	I understand that legal ownership of this bunny is transferred to Bunny Buddies my signing of this agreement.	upon
	I agree to abide by the adoption policies of Bunny Buddies in the placement of the bunny into a new home.	his
	If this bunny is not already spayed/neutered, I understand that Bunny Buddies will arrange for such surgery to be performed prior to making the bunny available for adoption into a new home. These arrangements will be made according to the terms and agreements in place between Bunny Buddies and the veterinarian veterinary clinic of Bunny Buddies' choosing. Furthermore, I understand that an surgery carries a degree of risk, and should any injury, illness, or death occur du or resulting from surgery, I agree to hold harmless Bunny Buddies, Inc. and the partnering veterinarian/veterinary clinic.	n/ ıy
	If I find a potential adopter for the bunny on my own, I agree to refer said person to Bunny Buddies to follow the proper application, review, approval, and adoption procedures. The appropriate adoption fee will be paid by the adopter to Bunny Buddies, Inc. Necessary contact information will be provided to Bunny Buddies by the adopter in order to facilitate proper record keeping regarding the current ownership and location of the adopted rabbit.	n
	If—after spay/neuter surgery has been provided by Bunny Buddies, Inc.—I decide keep the bunny, I agree to follow the adoption application and approval process pay the appropriate adoption fee to Bunny Buddies to help defray the investment money and human resources Bunny Buddies has incurred on my and the bunny behalf.	and nt in
	I understand the more exposure my bunny gets with potential adopters, the bette the chance of a speedy adoption. I agree to take the bunny (or make arrangement for him/her to be taken) to at least one regularly-scheduled adoption event each month. To the extent possible, I will also make reasonable attempts to make the bunny available to meet potential adopters who have expressed specific interest this bunny. (Details of place and time of meetings can be worked out. Under motoricumstances, it is not recommended that you invite strangers into your home.)	ents e t in ost
	I understand that Bunny Buddies, Inc. does not euthanize animals except in cas medical necessity, but I acknowledge that I have not been given any assurances guarantees as to the ultimate disposition of this animal.	
Signed	d: Date:	
	y Buddies Representative:	