



House Rabbit Network

PO Box 2602, Woburn, MA 01888-1102

www.rabbitnetwork.org 781-431-1211 info@rabbitnetwork.org

Foster Rabbit Name: _____
 Sex: _____ Age: _____ Neutered/spayed on: _____
 Weight (at maturity): _____ Color: _____
 Known Medical Issues: _____

In assuming responsibility for the above rabbit, I agree to never physically abuse him/her, nor will I allow any other person to do so. I will always supervise any children when they are playing with this rabbit. I agree to give the rabbit play and exercise time in a safe environment. I agree to bunnyproof my home. I am adopting this rabbit as a HOUSE pet, and at no time will s/he be left outside overnight. I will supervise any daytime outdoor play activity and provide protection from predators. I will monitor the outdoor temperature closely. I agree to provide this rabbit with a balanced diet with daily fresh food and water. I also agree to provide medical care to always keep this rabbit in good health. I agree that this animal will not be bred.

Once this rabbit is adopted, the House Rabbit Network is not liable or responsible for any damage or injury caused by the adopted rabbit. I understand that the House Rabbit Network foster parents do not know of any health problem this rabbit may have other than those that have been disclosed to me. I understand that health problems may arise in the future for which the House Rabbit Network or its representatives will not be held responsible.

I agree that the House Rabbit Network is authorized to remove this animal if s/he is not receiving adequate home care or is being endangered by lack of veterinary care, or if there has been a violation of the adoption agreement or any local anti-cruelty laws. I agree to pay all legal fees HRN incurs trying to enforce this contract in requesting the return of a rabbit. If I am unable to maintain this agreement, for any reason, I will return this animal to the House Rabbit Network in accordance with policy. I will notify the fosterer when this animal dies.

I have read this agreement and will abide by its terms. If any part of this document is not enforceable, it does not invalidate the other sections. I am aware that any donations are non-refundable.

Signed: _____ Date: _____
 Printed Name: _____ Phone: _____
 Address: _____

Email Address: _____
 Would you like to receive email announcements from HRN? (Typically 1-2/month) Y ___ N ___
 Would you like an HRN membership at \$15/year and receive our newsletters? Y ___ N ___
 How did you find out about HRN? _____

RECEIPT (to be filled out by HRN Representative)

Received from person(s) named above and on the same date, a donation *Paid by:* ___ Cash ___ Check #
Amounts ___ Adoption ___ Membership ___ Other **Total:** _____
 Signed: _____ HRN fosterer representative
 Thank you for your contribution. It will help us rescue another bunny. We are a tax-exempt, non-profit organization.