

FAIRFAX PETS ON WHEELS, Inc.
RABBIT Behavior Assessment
Part 1: to be completed by Owner/Handler

OWNER INFORMATION
Owner's Name:
Street Address:
City/State/Zip:
Day Phone:
Evening Phone:
Cell Phone:
E Mail:
HANDLER INFORMATION (if handler other than owner)
Handler Name:
Street Address:
City/State/Zip:
Day Phone:
Evening Phone:
Cell Phone:
E Mail:
RABBIT INFORMATION
Name:
Breed:
Gender (please circle): M F
Spayed/Neutered (please circle): Y N
Color:
Age:
PLEASE CHECK ALL THAT APPLY TO YOUR RABBIT:
<input type="checkbox"/> Friendly
<input type="checkbox"/> Approaches strangers
<input type="checkbox"/> Seeks companionship
<input type="checkbox"/> Prefers to isolate him or herself
<input type="checkbox"/> Travels well
<input type="checkbox"/> Wears collar/harness and leash w/out objection
<input type="checkbox"/> Lives with other animals
<input type="checkbox"/> Fears other animals
<input type="checkbox"/> House Rabbit
<input type="checkbox"/> Outdoor Rabbit
<input type="checkbox"/> Playful/feisty
(over)

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PLEASE CHECK ALL THAT APPLY TO YOUR RABBIT:
<input type="checkbox"/> Couch potato
<input type="checkbox"/> Likes to sit on laps
<input type="checkbox"/> Enjoys being petted
<input type="checkbox"/> Affectionate/spontaneous
<input type="checkbox"/> When annoyed will bite
<input type="checkbox"/> Growls or thumps when provoked
<input type="checkbox"/> Leash trained
<input type="checkbox"/> Comes when called
<input type="checkbox"/> Knows his/her name
<input type="checkbox"/> Gets into carrier without a struggle
<input type="checkbox"/> Explores new environments
<input type="checkbox"/> Cowers, hides in strange places
<input type="checkbox"/> Litter Box trained
<input type="checkbox"/> Seldom uses claws
<input type="checkbox"/> Nails trimmed regularly
<input type="checkbox"/> Gives signals when uncomfortable
<input type="checkbox"/> Likes to be carried around
<input type="checkbox"/> Likes to snuggle
1) Has your rabbit ever bitten or nipped anyone? If yes, Describe
2) Has your rabbit been quarantined for any reason? If yes, Describe
3) Do you know of any reason or behavior that may preclude or limit your rabbit from performing functions as a Fairfax Pets On Wheels volunteer? If yes, Describe
4) Other comments you may wish to share, (optional)
Signature:
Date:
Thank you for taking the time to fill out this form and for volunteering for this program.