



ADOPTION APPLICATION

Name: _____

Address: _____

Phone No: _____

Email address: _____

Staff Member: _____

Rabbit Name: Caramel Fudge

Breed: Rabbit

AWL Tag No.: (253394) MP070

Age: 3 years

Please indicate your answers by ticking the appropriate box and giving comment as requested below.

Do you have experience with Rabbits?

YES NO

Please provide details: _____

Do you have other animals in your home?

YES NO

If yes, what type of animal, size, are they desexed? and their age:

Do you have children at home or will there be young children who have regular contact?

YES NO

If yes, what age are the children: _____

Where do you plan to house your rabbit?

Indoor play pen Indoor room Indoor free range Outdoors

Will the rabbit have opportunities to exercise in a play pen or get free range opportunities?

YES NO

Please provide details as to why you feel you could offerthe perfect home:

Signed: _____ Date: _____

Our team will assess all applications and we will contact you if you're successful.

Please fill out this form and return it to our Animal Care Centre in Wingfield either in person or via email :
admissions@awl.org.au

Thank you for taking the time to complete this application