

Name:		
Address:		
Phone No:		
Email address:		
Staff Member:		
Rabbit Name: Stormtrooper	Breed: Albino rabbit	
AWL Tag No.: MP004 (253231)	Age: 1 year	
Please indicate your answers by tickir	g the appropriate box and giving comment as requested below.	
Do you have experience with Rabbit	?	
□ YES □ NO		
Please provide details:		
Do you have other animals in your h	ome?	
YES NO		
If yes, what type of animal, size, are t	ney desexed? and their age:	
Do you have children at home or wil	there be young children who have regular contact?	
YES NO	there be young children who have regular contact.	
Where do you plan to house your ra	shit?	
☐ Indoor play pen ☐ Indoor room ☐ I		
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:	
	-	
Signod	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