

Date: _____

Adoption Application

Adopter's Name:		
Address:		
City:	State:	Zip:
Cell:	Home Phone:	
Email:		
Name of vet and vet practice:		
Note: Your free adoption bag and our web	osite include several vet choi	ces around the Valley.
Number of	of current rats:	
Gende	r:	
	:	
How many rats have you had before?		
How long did they live and what caused	them to pass?	
Describe your cage (include dimensions:)		
Where will your cage be	located?	
Please list all household members:		
Flease list all household members.		
Children's ages:		
Additional animals in your home:		
,		
Will you spend at least an hour per day interactin	g with your rats outside of t	he cage?
Preferred characteristics for your new ra	attie companions/ othe	r comments:

Any Rat Rescue

PO Box 833, Scottsdale, AZ 85252-0833