Standard Adoption Fee: \$15 Each

Please print and fill out completely

RAT NAMES YOU ARE INTERESTED IN (If yet known)	
YOUR NAME	PHONE
ADDRESS	
EMAIL_	
PET INFORMATION	
How many pets do you own currently? DOGS	CATS RATS OTHER
Who is/was your veterinarian?	
How often do your pets see the veterinarian?	
Does your veterinarian treat rats? Y N $_{\text{If no, t}}$	ry North Boros Vet (412)821-5600 or Northview Vet (412)364-5353
Do you know what breathing alert sounds to liste	n for? Y N
Where will your rats live in your house?	
I agree to house my rats in an appropriately sized	d cage as specified by New Ken Rat Rescue. Y N
What do you plan to feed your rats? (please be s	pecific) (If you're not sure, I'm happy to educate)
Do you plan on having children handle the rats?	Y N
If yes, what age are the children?	
Have the children handled rats before? Y N	N/A
Do you plan to breed your new rats? Y N	
	THAT IF, FOR WHATEVER REASON, WE DETERMINE BOVE ADOPTED RATS, WE WILL RETURN THEM TO
FOR ANY ADOPTEE, WE WILL RETURN	T ABLE TO PROVIDE PROPER VETERINARY CARE I HIM/HER TO NEW KEN RAT RESCUE ICAL INTERVENTION CAN BE OBTAINED WITHOUT
Signed **	Date

<sup>\*\*</sup>An electronic response with the adopter's name typed in is considered to be as legal and binding as if the adopter hand signed this contract.