**Little Rascal’s Rabbitry**

Customer Application Form

We keep the information provided through form submissions to help us match potential new homes with upcoming sale rabbits.

**Name**

First Last

**Rabbitry Name (if applicable)**

**Address**

Street Address

City State / Province / Region

ZIP / Postal Code Country

**Email**

Enter Email Confirm Email

**Phone**

**Do you currently own a rabbit or rabbitry?**

* Yes
* No

**Are you interested in purchasing a Little Rascals rabbit?**

* Yes
* No

*\*\*If yes, please proceed to fill out our form.\*\**

**Where will your rabbit live?**

* Inside my home
* Outside in a hutch
* In a rabbitry or other framed structure

**Do you have children?**

* Yes
* No

**If so, what are the ages of your children?**

**Do you have a website?**

* Yes
* No

**If you answered yes, please provide the website address here:**

 Website Address

**When are you interested in acquiring stock?**

* 2015 HLRSC Nationals
* 2014 ARBA National Convention
* Upcoming ARBA Show
* Anytime, via Airline Transportation
* Other (include in comment section below)

**Please indicate your interest below**

* Show Quality
* Show or Brood Quality
* Brood Quality
* Pet Quality

**What gender and age are you looking for?**

* Senior Buck (over 6 months of age)
* Junior Buck (under 6 months of age)
* Senior Doe (over 6 months of age)
* Junior Doe (under 6 months of age)
* Other (see comment section below)

**What is your color preference? (Feel free to select more than one)**

* Tort
* Blue Tort
* Sable Point
* Black
* REW
* Broken Pattern
* Solid Pattern
* Doesn’t matter

**Other Preferences or Comments**

**Do you have a partner or friend with whom you share rabbits?**

* Yes
* No

\*\*If answered **yes**, please fill out this section of the form.\*\*

**Partner Reference**

First Name Last

**Partner/Friend Address**

Street Address

City State

Zip Code

**Partner/Friend Email**

**Partner/Friend Website (if applicable)**

\*\*If answered **no**, please fill out this section of the form.\*\*

**Other Breeder or Friend Reference**

First Name Last

**Breeder/Friend Address**

Street Address

City State

Zip Code

**Breeder/Friend Email**

**Breeder/Friend Website (if applicable)**

**Do you have a current veterinarian?**

* Yes
* No

\*\*If answered **yes**, please fill out this section of the form\*\*

**Veterinarian Reference**

First Last

**Veterinarian Address**

Street Address

City State

Zip Code

**Veterinarian Phone Number**

**Are you a current member of any national, state, or local rabbit clubs?**

* Yes
* No

**If so, please include your current memberships here:**

**I hereby certify that all of the above information is correct to the best of my knowledge and belief.**

* Yes, I agree to this statement.
* No, I do not agree to this statement.

Your form is finished! Please return this form to Little Rascal’s Rabbitry via email.

littlelewis2@hotmail.com

We thank you for your inquiry and time.