



Application for Ferret Placement

Personal Information

Applicant Name(s):

Address:

City, State, Zip:

Home Phone:

Work Phone:

E-Mail Address:

Do you live in a: House Apartment Other (specify):

Do you: Rent Own Live with parents

If renting, please provide your landlord's information:

Name:

Organization:

Telephone number:

Address:

City, State, Zip

Do you have children? Yes No

If yes, please state their ages:

What is your occupation:

How did you hear about us?

Pet Ownership History

(Please include information here for all pets EXCEPT ferrets)

How many pets, other than ferrets, do you currently own?

Please list below what kinds of pets, other than ferrets, you currently have, and their ages:

What kinds of pets, other than ferrets, have you owned in the past five years?

Of the pets that you have owned but no longer have, what happened to them?

Have you taken your pets to the veterinarian for any reason in the past five years? Why?

Ferret Ownership Information
(Skip this section if you have never owned a ferret)

How many ferrets have you owned in the past?

How many do you currently own?

If you still own ferrets, how old are they?

What happened to any ferrets that you once owned but no longer have?

Are your ferrets current on rabies and distemper vaccinations?	Yes	No	Unsure
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What kind of vaccinations have your ferrets had? List vaccine names.

Have your ferrets been tested for Aleutian's Disease (ADV)?	Yes	No	Unsure
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Has any ferret in your household ever tested positive for ADV?	Yes	No	Unsure
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Have your current ferrets been to the veterinarian in the past five years? Why?

How are your ferrets housed? Cage Ferret room Free-run

If they are caged, how often/for how long are they given runtime?

What food(s) do you feed your ferrets? Please list brand name.

Does your regular veterinarian treat ferrets? Yes No Unsure

Who is your usual veterinarian?

Name:

Clinic:

Telephone number:

Address:

City, State, Zip:

References

Veterinary Reference

Name:

Clinic:

Address:

City, State, Zip:

Telephone number:

Personal Reference #1 (non-relative)

Name:

Address:

City, State, Zip:

Telephone number:

Personal Reference #2 (may be a relative)

Name:

Address:

City, State, Zip:

Telephone number:

Ferret Knowledge Information

This section is intended to ascertain your current knowledge about ferrets.

Have you read any books about ferrets/ferret ownership? Please list the books.

Do you have internet access? Yes No

Do you subscribe to any internet mailing lists (i.e., Ferret Mailing List)? Please list them.

Have you browsed the internet to find any sites about ferrets? Please list them.

How old do you think that ferrets live to be?

About This Application

How many ferrets do you think that you want to adopt at this time?

Where do you plan to house these ferrets? Cage Ferret Room Free Run

Do you already have a cage for them? Yes No

What age range of ferret are you interested in?

Kit (baby) 6 months – 3 yrs. 3-5 yrs. 5 yrs. + any age

Do you have a preference of male or female? Male Female No preference

Are you looking for any specific color or pattern?

Are you particularly interested in a specific ferret you saw on our website and/or know of in our ferretry (i.e., from a particular litter, etc.)?

Policy and Guideline Information

PFH maintains policies about our placements, which are clearly outlined in our placement contract, which, if approved, you will be required to agree to and sign. The following questions will alert you to some of our policies so that you can make a sound decision about adoption from us. After each question, you will be prompted to check "yes," "no," or "more information." If you have any questions about any of the following statements, please select "more information."

We require of all adopters that only high-quality (not store-bought) ferret or kitten food (i.e., Totally Ferret, TFS Superior Choice, Zupreem, 8in1 Pro Ultimate, Eukanuba Kitten, etc.) be provided to the ferret(s). This food costs more than store bought cat foods. Do you agree to provide at least two of these types of food?

Yes No More Information

We require that adopters provide annual distemper and rabies vaccinations annually for the ferret(s), and that each ferret be given an annual check-up by a ferret-knowledgeable veterinarian. Will you adhere to this policy?

Yes No More Information

We require that when any adopted ferret reaches the age of four and every year thereafter, at the ferret's annual check up, a CBC (complete blood count) and Blood Glucose tests be administered. These tests can range from \$50 - \$100. Do you agree to have these tests done?

Yes No More Information

The cost of medical treatment for ferrets can be costly, particularly in their older years. If your ferret(s) become ill, we require that any reasonable medical tests and procedures be performed, and that the ferret(s) are NOT put to sleep rather than treating due to financial setback. Do you agree to provide all necessary medical care?

Yes No More Information

If for any reason you can no longer keep any ferret you adopt, or if it/they need medical treatment that you cannot afford, we require that the ferret(s) be returned to the PFH and that they will not be given or sold to another party. Will you agree to this policy?

Yes No More Information

We know that this application is long and comprehensive. However, due to the importance we put on placing the right ferret in the right home we do not feel that we can be thorough enough in our screening process. We thank you for your time in completing this application and we will contact you once it has been reviewed.

If you are under the age of 21, your parent or guardian must sign this application, also.

Signature: _____ Date: _____

Please print the Parent/Guardian name:

Parent/Guardian signature: _____ Date: _____