



## FERRET ADOPTION APPLICATION

Date \_\_\_\_\_  
Animal \_\_\_\_\_ # \_\_\_\_\_  
Sex \_\_\_\_\_ Age \_\_\_\_\_

Rimrock Humane Society  
P.O. Box 834  
Roundup, MT 59072  
406.323.3687  
406.323.1863 (FAX)  
wschurch@midrivers.com

Thank you for your interest in adopting a ferret from the Rimrock Humane Society! Every year, thousands of ferrets are turned in to shelters like ours because they were no longer wanted, cared for, or loved. They need stable, loving homes and we thank you for wanting to provide this.

Because many people do rush into ferret ownership, we want to ensure that the decision you have made to adopt a ferret is the right one, both for you and for the ferret. This application is the first step in the adoption process from the Rimrock Humane Society. Once your application has been processed and reviewed, a RHS representative will call you to move to the remainder of the approval process. This process will consist of the three following steps:

- \* A telephone interview, in which will be discussed your familiarity with ferrets, their needs, and the commitment it will take to welcome ferrets to your home;
- \* A home check to make sure that ferret you adopt will be placed in an environment that is safe for them to live in;
- \* A reference check; we may wish to contact any references and/or veterinarians you provide on this application.

After these steps have been completed, if you are approved for adoption, you will be contacted and an appointment will be set up for you to pick up your newest family member(s)!

If at any time you have questions about the adoption process, feel free to contact the RHS and ask away. We thank you again for your interest in ferret adoption from the Rimrock Humane Society!

### 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:

Do you have children?  Yes  No

If so, please state their ages:

## **Pet Ownership History**

**(Please include information here for all pets EXCEPT ferrets)**

How many pets do you currently own?

Please list below what kinds of pets you currently have and their ages:

What kinds of pets 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?

Have your current ferrets been vaccinated?

If so, when was the most recent vaccination?

What kind of vaccinations have your ferrets had? List vaccine names.

Have your current ferrets been to the veterinarian in the past five years? Why?

Are your ferrets kept in: \_\_\_ 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

Please provide your regular veterinary's information:

Name:

Organization:

Telephone number:

Address:

## 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 Adoption

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

Where do you plan to house these ferrets (i.e., cage, ferret room, etc.):

Do you already have a cage for them?

What age range of ferret do you prefer to adopt?

\_\_\_ Under 1 year \_\_\_ 1-3 \_\_\_ 3-5 \_\_\_ 5+ \_\_\_ any age

Do you have a preference of male or female?

Are you looking for any specific color or pattern?

## References

One reference must be a veterinarian. Other references may include neighbors or co-workers.

**FOR EACH REFERENCE PLEASE LIST THE FOLLOWING: NAME/RELATIONSHIP/PHONE NO. (with area code)**

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

## Policy and Guideline Information

The RHS maintains policies about our adoptions which are clearly outlined in our adoption 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 food (i.e., Totally Ferret, TFS Superior Choice, Zupreem, 8in1 Pro Ultimate, etc.) be provided to the ferret(s). This food costs more than store bought cat foods. Do you agree to provide these types of foods?

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

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 RHS 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, we feel that every animal deserves a forever home and we are going to take the necessary precautions to make sure the home is the right one for that animal. 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 18, your parent or guardian must sign this application, also.)

**By signing below, I certify that the information I have given is true and that any misrepresentation of facts may result in my losing the privilege of adopting a companion animal from the Rimrock Humane Society. This ferret will reside in my home as a pet. I will provide it with adequate food, water, shelter, training, affection and medical care. I am in full agreement with these terms of adoption. The Rimrock Humane Society is in no way liable or responsible for any damage, accident or injury resulting from the placement of this animal in my household.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please print the Parent/Guardian name: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

***The Rimrock Humane Society reserves the right to refuse any applicant!***