

Adoption Application
 The Educated Ferret
 C/O Donna Spirito
 43 North Main Street, Apt 1
 South Hadley, MA 01075
 (413) 538-7108

Please complete this application; return it to **Donna Spirito**; then call approximately **one week later** to make an appointment for an interview. **413-538-7108**

Name	Veterinarian Name	
Street Address	Veterinary Hospital/Clinic Name	
Mail Address	Veterinarian Phone Number	
City/State/Zip	Home Phone	Work Phone

This is **NOT** a test! Don't feel that you need to answer "correctly". This is a way for us to streamline our interview process and highlight areas where you—experienced ferret owner or not—may need extra guidance or information. The form also gives us a formal checklist to review during the interview to be sure we cover all necessary topics.

We hope that the questions included here will not only help us assess your suitability as an owner, but help **YOU** decide if a ferret is right for you. Ferrets are adorable, fun-loving animals and many people want one—for now. Experience, however, has taught us that personal lifestyles changes—moving, children, school or job demands—often prompt people to give up their pets. We aim for permanent homes for ferrets. While no one can predict unforeseen events, many major changes are planned in advance, and, if carefully thought out now, can help avoid an animal losing its home in the future. You may find you cannot make an 8 year commitment to a ferret. This does not necessarily mean that you cannot adopt. It does mean, though, that you should think carefully about how much time you can promise to give. Perhaps an older animal, who can live happily with you for a shorter period of time, would be more suitable.

Thank you for your interest in adopting from the Educated Ferret Association.

Pet Ownership

1. Do you currently own any other ferrets? Yes No
2. If so, how many? _____
3. Have you previously owned ferrets? Yes No
 If yes, what happened to them (if death, please specify cause)? _____
4. Do you own other animals? Yes No
 If yes, indicate species, breed, and number(s): _____
5. Do all your animals receive regular veterinary check-ups and vaccinations? Yes No
 if yes, identify vaccinations: _____

Personal Information

1. Are you a full-time student? Yes No
 If yes, please check: Grade School High School College
 If **Grade School Student**: What will happen when you reach a higher level and have less time to spend with your pet? _____

If **High School Student**: Do you plan to attend college? Yes No if yes, what will happen if you go away for college? _____

If **College Student**: Do you live on campus or off? On Campus Off campus at home
 Off campus in apartment. If on campus: please provide campus address and telephone number: _____

What is the school's policy on pets in dorms? _____
 After graduation, where will you be seeking employment? _____

2. **If under age 18**: Are your parents aware that you want to adopt a ferret? Yes No
 Who will be the ferret's main caretaker? _____
 If you no longer "have time", who will take over **all** of your ferrets care and handling needs? _____

3. Are you paying the adoption fee yourself? Yes No
 If not a student, do you work? Yes No If yes, where? _____
 For how long? _____

4. Do any other adults live in your household? Yes No
 If yes, are they aware you plan to adopt a ferret? Yes No
5. Do any children live in your household? Yes No

If yes, how many and what ages? _____

If none now, do you plan to have children? ____ Yes ____ No

If yes, what will happen to your pets then? _____

6. Are you aware that some doctors advise you not to have pets when pregnant? ____ Yes ____ No

What will you do if your doctor so advises you? _____

7. Do you or any member of your household smoke? ____ Yes ____ No

Have Asthma? ____ Yes ____ No Have Allergies? ____ Yes ____ No

If yes, to what? _____

8. Do you or any household member have any significant medical condition that might affect caring for a ferret?

____ Yes ____ No If yes, please describe _____

9. Do you have frequent visitors to your household? ____ Yes ____ No

10. If children frequently visit, please indicated age(s) and frequency of visits _____

11. Do you own your own home? ____ Yes ____ No If no, do you rent an ____ Apartment ____ House

Does your landlord allow: Pets? ____ Yes ____ No Ferrets? ____ Yes ____ No

If necessary, can you obtain written permission to have ferrets? ____ Yes ____ No

12. Are you planning to move within the next year? ____ Yes ____ No

If yes, please indicate: Plan to move to ____ Own Home ____ Apartment

Within the state you currently live? ____ Yes ____ No if no, where? City _____ State _____

What will you do if you cannot find housing that allows pets or ferrets? _____

Ferret Knowledge

1. Have you read any books or other information about ferrets? ____ Yes ____ No

If yes, identify books _____

2. What supplies do you already have (Please check all that apply): ____ Cage ____ Carrier ____ Food Bowl

____ Water Bottle ____ Hammock/Bedding ____ Nail Clippers ____ Linatone

____ Ferretone ____ Litter Pan ____ Other (Describe): _____

3. How do you plan to permanently house your ferret(s) (Please specify):

A. ____ Cage Please describe: Size _____ Does it have a wire floor? ____ Yes ____ No

Approximately how much time will it spend in the cage? _____

B. ____ Room Please describe: What room? _____ Is it in the basement? ____ Yes ____ No

C. ____ Loose in the house Are outside doors blocked? ____ Yes ____ No

D. ____ Other housing (Please describe housing and location): _____

4. Have all areas your ferret will be allowed in (or have access to) been thoroughly ferret-proofed? ____ Yes ____ No

If yes, describe how: _____

5. What type/brand food do you currently or plan to feed your ferret(s)? _____

6. What type of litter do you currently or plan to use with your ferret(s)? _____

7. Do you know how to: ____ Clip nails? ____ Clean ears?

8. Are you able to groom (bathe, clip nails, clean ears) every 2 – 3 weeks? ____ Yes ____ No

9. Do you plan to take your ferret outside? ____ Yes ____ No

If yes, where and how? _____

10. Do you plan to travel with your ferret? ____ Yes ____ No

If yes, where and how? _____

11. If you have never had a ferret before:

A. Do you have friends with ferrets? ____ Yes ____ No

B. Have you ever handled a ferret? ____ Yes ____ No

C. What attracts you about ferrets and why do you want one? _____

D. Do you understand that a ferret: cannot stay in a cage all the time? ____ Yes ____ No,

Must be played with DAILY? ____ Yes ____ No, Is a LOT of work? ____ Yes ____ No

E. Do you have enough time to handle, play and care for your ferret DAILY? ____ Yes ____ No

F. Can you make a 3 to 8 year commitment to keep a ferret? ____ Yes ____ No

G. Can you put up with (but not limited to) the following: plant murdering; stock stealing; knocked over drinks; 80-90% litter success ration; thing hidden; rubber/leather chewing (especially shoes); items thrown off coffee tables; papers scattered; housekeeping “help”; purses rifled; ankles attacked? ____ Yes ____ No

For all potential adopters:

1. Are you looking for a ____ More cuddly animal? ____ More “hyper” animal?

2. Do you have specific requirements in an adoptive ferret? ____ Yes ____ No

If yes, please describe: _____

3. Do you know what the legal status of ferrets is in your state? ____ Yes ____ No

4. Do you know what your states policy is about ferrets involved in bite incidents? ____ Yes ____ No

5. Will you agree not to expose your ferret to unnecessary risks such as letting strangers handle them, taking them outside without a secure harness or carrier, allowing children to play “show and tell” with friends? ____ Yes ____ No

Please be aware that the Educated Ferret Association STRONGLY RECOMMENDS all ferrets receive an annual, vet administered rabies vaccination.

6. Will you agree to seek prompt, competent veterinary care should your ferret become ill, have an accident or being “acting strange”?
_____ Yes _____ No

7. Can you be reasonably sure you can afford to pay the costs of surgery and/or ongoing medication should your ferret become ill?
_____ Yes _____ No

8. Can you insure that all family members and visitors to your household, as well as yourself, always treat your ferret gently, patiently, and with respect? _____ Yes _____ No

Thank you for taking the time to complete this application. We hope it will have helped you learn more about what is involved in caring for a ferret, and if you are ready to take on this responsibility. If you have not mailed this in advance, please bring this form with you to your adoption interview. We will be happy to answer any additional questions you may have at that time.

Form adapted by The Educated Ferret Association, Courtesy of FACT (Ferret Association of Connecticut)