



Adoption Application

Personal Information			
Applicant Name		Are you over 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address		City	State
Home Telephone		Work Telephone	E-Mail Address
Residence Type: <input type="checkbox"/> Apartment <input type="checkbox"/> Townhouse <input type="checkbox"/> Single Home		Do You: <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Live with Parents	If you rent, name & telephone number of landlord:
Do you have children? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, please list ages:	Occupation:
Pet Ownership History			
How many pets do you currently own OTHER THAN ferrets?		Please list numbers, types, and ages of pets OTHER THAN ferrets that you currently own:	
Of any kind of pet that you have ever owned, have you ever given any pet away, surrendered it to a shelter, or otherwise lost it due to any cause other than death? If yes, please explain:			
Does your current veterinarian regularly treat ferrets? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure		Name, hospital name, and location of your current vet:	
Ferret Ownership Information: Skip this section if you have never owned ferrets			
How many ferrets do you currently own?		Please list the ages of any ferrets that you currently own:	How many ferrets have you owned in the past that you no longer have?
Of the ferrets that you once owned, but no longer have, what happened to them? If they died, what was the cause?			
Are your ferrets current on rabies and distemper vaccinations? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have your ferrets been tested for Aleutian's Disease (ADV)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has any ferret in your household ever tested positive for ADV? <input type="checkbox"/> Yes <input type="checkbox"/> No
How are your ferrets primarily housed? <input type="checkbox"/> Caged <input type="checkbox"/> Ferret Room <input type="checkbox"/> Free-Run		If your ferrets are caged, how frequently are they let out to run? How long are they let out for a normal runtime?	
Please list your ferrets' current diet, including primary foods and any regular treats:			



About This Adoption

How many ferrets are you interested in adopting at this time?	Do you have a preference of male or female?
Are you interested in any specific color or pattern of ferret? Please specify:	What age range of ferret(s) do you wish to adopt? (check all that apply) <input type="checkbox"/> Under 1 year old <input type="checkbox"/> 1-3 years old <input type="checkbox"/> 3-5 years old <input type="checkbox"/> Over 5 years old <input type="checkbox"/> Any age
Where do you plan to house this/these ferret(s)? <input type="checkbox"/> Cage <input type="checkbox"/> Ferret Room <input type="checkbox"/> Free Run <input type="checkbox"/> Other:	

Policy and Guideline Information

The Pennsylvania Ferret Club and Shelter maintains policies about our adoptions which are clearly outlined in our adoption contract. If you are approved for adoption you will be required to agree to and sign this contract. The following questions will make you aware of some of our policies that we strictly enforce, so that you can make a sound decision about adoption from our organization. After each question below, please check "yes," "no," or "more information." If you check "More Information" we will be happy to explain the policy fully to you.

We require that all adopters provide only a high-quality cat or ferret food to any ferrets adopted from the PFCS. These foods cost more than grocery store-bought cat foods. Do you agree to provide these types of food?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> More Information
We require that all adopters provide annual distemper and rabies vaccines to any ferrets adopted from the PFCS. Will you adhere to this policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> More Information
Ferrets are particularly susceptible to certain cancers, such as adrenal disease and insulinoma. These cancers can be detected early and treatment administered, however. For early detection, annual veterinary visits are required, and beginning at the age of four, bloodwork should be performed. These tests can run from \$75 to \$125. Are you willing to have these tests run annually?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> More Information
The cost of medical treatment for ferrets can be costly, particularly in their older years. If your adopted ferret(s) become ill, we require that any reasonable medical tests and procedures be performed, and that euthanasia NOT be elected as an alternative to treatment for financial reasons. Do you agree to provide all necessary care?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> More Information
If for any reason you find that you are no longer able to provide a suitable home for any ferret(s) that you adopt from the PFCS, or if the ferret(s) that you adopt require medical treatment that you cannot afford to provide, we require that the ferret(s) be returned to the PFCS and that you do not give or sell the ferret(s) to anyone else. Will you adhere to this policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> More Information

Please take this space to tell us more about yourself, your household, your family, and/or your pets. Help us to get to know the family that our ferret(s) will become a part of! Perhaps tell us how you learned about ferrets or why you like them, or anything about yourself that will help us know you! Take as much space as you need; feel free to attach another sheet of paper.

By signing below, you hereby certify that the information that you have provided in this application is accurate and true:

Applicant Signature

Date

We know that this application is long and comprehensive. However, due to the high volume of ferrets that come through our shelter, and the reasons they would up with us in the first place, we feel that it is our responsibility to be extremely thorough in our screening process. Thank you for your time in completing this application, and we will contact you once it has been reviewed!