

FIVE POINTS FERRET REFUGE
TERMS & CONDITIONS, CONTRACT AND PLACEMENT
APPLICATION

Because many people do rush into ferret ownership, **Five Points Ferret Refuge** (hereinafter referred to as **FPFR**) wants to make sure that the decision that you have made is the right one, for both you and the ferret. Please take a few minutes to complete the application; it is long and comprehensive. So, if at any time while filling out this application, you have questions and/or concerns, please don't hesitate to ask! This application is the first step in the screening process of acquiring a ferret from **FPFR**. Once your application has been received by **FPFR** a representative will contact you to move on to the next step. Please Note; **FPFR** does NOT adopt to any person or persons that are under 18 years of age, if the ferret is intended for a minor, the legal parent or guardian of said minor must fill out the application. The process will consist of the following steps:

- 1) Filling out the Placement Information Application and reviewing the Contract and Terms & Conditions, a copy will be provided to you to take with you (**FPFR** does NOT perform on-the-spot adoptions);
- 2) A telephone interview, in which your familiarity of ferrets will be discussed, the ferret's needs, and the commitment that it will take to welcome ferrets into your home;
- 3) **FPFR** may require a reference check, and/or veterinarians;
- 4) A back ground check of your past animal history, which you agree to by signing this form;
- 5) Lastly, **FPFR** will require an in person interview and completion of the Home Visit Form and Terms and Conditions Contract, as well as a short questionnaire regarding your knowledge of ferrets; to complete the process.

Please e-mail this to me ASAP.

*Thank you for choosing **Five Points Ferret Refuge***

PERSONAL INFORMATION:

Applicant(s) Name(s) (First & Last): _____

Physical Address: _____

Mailing Address (if different from above): _____

City: _____ State: _____ Zip Code: _____

Home Phone (include area code): _____

Cell Phone (include area code): _____

Email address: _____

Who is the primary caregiver of the ferret being adopted? _____

Is the primary caregiver 18 years of age or older? Y / N

What is your occupation? _____

What kind of dwelling do you live in? (Please X one)

_____ House _____ Duplex/Triplex _____ Townhouse/Condo _____ Apartment

_____ Dorm _____ Mobile Home

Do you: _____ Own _____ Rent _____ Live with parents _____ Live at school

Live on military base? Y / N

If renting, living at home, school or on base, have you obtained permission to have ferrets? Y / N

If yes, please list contact information for landlord or leasing agent: _____

Do you have a roommate? Y / N

If yes, are they okay with you getting a ferret? Y / N

Do you have any children? Y / N

If yes, how many children do you have and what are their ages? Number of Children _____

Age(s) _____

PET OWNERSHIP HISTORY:

Do you currently own any pets? Y / N

If yes, how many pets do you currently own? _____

What kind of pets and how many of each do you currently own?

_____ Dog (Breed: _____) _____ Cat

_____ Bird (Type: _____) _____ Fish _____ Reptile

_____ Rodent _____ Rabbit Other: _____

What kind of pets and how many have you owned in the **past five years**?
(X all that apply with number)

___ Dog (Breed: _____) ___ Cat
___ Bird (Type: _____) ___ Fish ___ Reptile
___ Rodent ___ Rabbit Other: _____

Of the pets 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 and why?
(Other than yearly vet exam and/or shots)

FERRET OWNERSHIP INFORMATION:

Have you owned ferrets in the past? Y / N

If yes, how many ferrets have you owned **previously**? _____

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

Where did you get your **previous** ferrets from? (X all that Apply)

___ Shelter ___ Breeder ___ Pet Store ___ Friend ___ Family Member ___ N/A

If obtained from a shelter, breeder or pet store, please list name of business:

How many ferrets do you **currently** own? _____

How old are they? _____

Where did you get your **current** ferrets from? (X all that Apply)

___ Shelter ___ Breeder ___ Pet Store ___ Friend ___ Family Member ___ N/A

If obtained from a shelter, breeder or pet store, please list name of business:

Have your **current** ferrets been vaccinated for rabies and distemper in the last 12 months?
Y / N Date: _____ (Valid shot records from a licensed Veterinarian will be required)

Have your ferrets been ADV tested? Y / N

If yes, by what method? _____

How are/were your ferrets kept? (X all that Apply)

___ Cage ___ Ferret-proofed room ___ Free-run ___ Outside

Other: _____

If they are/were caged, how often are/were they given playtime out of cage?

How much time out of cage are/were they given(Circle One)

0-2 hours

2-4 hours

4-6 hours

10+ hours

What food(s) do/did you feed your ferrets? _____

Do/did you have a ferret knowledgeable veterinarian? Y / N

If yes, please provide their information here:

Hospital Name: _____

Veterinarian(s) Name(s): _____

Location: _____

Phone Number: _____ Emergency Phone Number: _____

Printed Name of Applicant: _____

Signature of Applicant: _____

Printed Name of **FPFR**

Representative: _____

Signature of a **FPFR** representative: _____

Date: _____