

FLSAC Adoption Application

Name

First Name Last Name

Address

Street Address

Street Address Line 2

City State / Province

Postal / Zip Code

Phone Number

Area Code Phone Number

Best time to call you:

Do you rent or own?

Rent Own

If renting, does your landlord allow pets and ferrets?

Yes No

If there are any children living in the home, please list how many with their ages.

Have all members of the household discussed and agreed to the adoption of the ferret?

Yes No

Who will primarily be responsible for the ferret?

Do you have a ferret knowledgeable veterinarian for your ferret?

Yes

No

Name of clinic:

Address of clinic

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Clinic phone number

Area Code Phone Number

Are there any other companion animals in the home? If yes, please list species and ages.

Do you currently have a ferret?

Yes

No

If yes, how many? Please list age and sex.

Have you ever had a ferret in the past?

Yes

No

If yes, what happened that you no longer have one?

Why do you want a ferret?

Have you researched or read about ferrets? Please list your sources.

Do you currently have a cage for your ferret?

Yes

No

If yes, please list give us a full description, including manufacturer, size, levels, etc.

Do you have a pet carrier for vet trips?

Yes

No

What kind of food are you prepared to get for your ferret? Please list brand(s).

Do you have the time to spend, at minimum, 2-4 hours a day with your ferret for out-of-cage time?

Yes

No

Are you prepared to commit to keep the ferret for its lifetime? This can be upward to 10 years.

Yes

No

Are you aware that ferrets are prone to a wide number of cancers and diseases?

Yes

No

Do you have the financial means to ensure your ferret gets veterinary care as needed? For example, are you willing and able to spend over \$100 per year for annual checkups or vaccines?

Yes

No

Are you willing and able to spend between \$500 and \$3,000 for tests, exams, surgery, and/or medications if your ferret ever gets ill?

Yes

No

Are you willing to put the time and care into your ferret if they develops an illness? Many common diseases, like insulinoma and cardiomyopathy, require careful care and medications every 12 hours.

Yes

No

Who will look after your ferret if you must be away?

How many ferrets are you interested in adopting? Select all that apply.

A single ferret

A pair of ferrets

More than 2 ferrets

What age are you looking for?

Would you consider adopting a special needs ferret? Ie, > 3 years old, handicapped[1], established illness possibly requiring regular medication, etc

Yes

No

Is there anything else you would like to tell us about yourself?

Thank you!

[1] Note: Deafness is so common in ferrets, that it is not considered a handicap.