

FERRET ADOPTION APPLICATION

Thank you for your interest in providing a shelter animal with a permanent home! In order to help us make the best possible match between you and a new pet, please complete the information below.

PLEASE PRINT CLEARLY – YOU MUST BE 18 YEARS OR OLDER

Name			Home Phone
Physical Address	City/State	Zip	Cell Phone
Mailing			Work Phone
Time At Current Residence:	Yrs.	Mos.	Email Address

GENERAL INFORMATION

Are you prepared to assume the financial responsibilities of providing your ferret with adequate food, medical care, housing, training, toys, etc. (at least \$500/year)? Yes No

Have you ever brought an animal to a shelter? _____ If yes, what were the circumstances? Yes No

Under what circumstances would you give up the pet, and what would you do with it? _____

YOU & YOUR HOUSEHOLD – CHECK ALL THAT APPLY

Your Living Place: <input type="checkbox"/> House <input type="checkbox"/> Condo <input type="checkbox"/> Apartment <input type="checkbox"/> Mobile Home <input type="checkbox"/> Other _____	Do you own your home? <input type="checkbox"/> Yes <input type="checkbox"/> No, I am a renter Do you have landlord approval to adopt a (another) cat <input type="checkbox"/> Yes <input type="checkbox"/> No Landlord's Name /Ph # _____ _____ Complex Name _____ _____	Home Lifestyle: <input type="checkbox"/> Very Active <input type="checkbox"/> Somewhat Active <input type="checkbox"/> Rather Quiet Veterinary Care: Vet: _____ _____ Ph #: _____ _____	Ferret Experience: <input type="checkbox"/> Never had a ferret <input type="checkbox"/> Have had one or two <input type="checkbox"/> Have had many
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Typically, the ferret would be left alone: <input type="checkbox"/> More than 9 hours <input type="checkbox"/> 8-9 hours <input type="checkbox"/> 5-8 hours <input type="checkbox"/> Rarely	Children & Your Home: <input type="checkbox"/> I have children Ages _____ <input type="checkbox"/> I do not have children <input type="checkbox"/> Children visit my home Ages _____ <input type="checkbox"/> No children visit my home	Reason(s) for Adopting: <input type="checkbox"/> Family Companion <input type="checkbox"/> For My Children <input type="checkbox"/> Company for pet <input type="checkbox"/> Other	Ferret Will Live: <input type="checkbox"/> In cage <input type="checkbox"/> Loose in home <input type="checkbox"/> In cage and loose in home when supervised
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WHAT DOGS, CATS & OTHER PETS CURRENTLY RESIDE OR HAVE RESIDED IN YOUR HOUSEHOLD WITHIN THE PAST 5 YEARS?

Type/Breed	Where is pet kept?	Age	Name	Spayed/Neutered?	Still Have? *

**If this animal(s) is no longer with you, please explain:* _____

How did you hear about the Animal Shelter?

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Referral | <input type="checkbox"/> Banner |
| <input type="checkbox"/> Radio | <input type="checkbox"/> On-Line Website |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> TV | |

Reference (does not live with you/not relative): _____ Ph# _____

I declare that all of the information I have given above is true and complete. Providing false information or withholding information will void the application. I hereby release to Summit County Animal Control (SCAC) all veterinary records of any and all animals I own or have owned. I understand that SCAC can decline my adoption application. I further understand that if my application is approved, SCAC reserves the right to conduct a home-check prior to the adoption of any animal to verify the suitability of my home environment as it relates to the needs of the animal, i.e., secure fencing, appropriate shelter, adequate space, safety, etc. I understand that adopting an animal from a shelter provides no medical/behavior assurances and I understand that a refund of the adoption fee is not provided.

Signature _____ Print Name _____ Date _____