

**Kansas City Ferret Hotline Association and Shelter
Adoption Application Form**

Name _____

Address _____

City/State _____ Zip _____

Home Phone _____ Work Phone _____

Driver License # _____ E-mail _____

Do you rent or own your home? _____ Landlord's Name _____

Does your landlord allow pets? _____ Have you paid a pet deposit? _____

Is there a weight limit? _____

If not are you prepared to pay the deposit and assume all fees for having a pet? _____

Are you a first time pet owner? _____ Are you a student? _____

Who lives in your home?

Name	Age	Relationship

What have you done to prepare yourself for a new pet? _____

Why do you want a ferret? _____

Who will be the primary caregiver? _____

What will happen to the pet if the primary caregiver no longer cares for the pet? _____

What kind of cage do you have for the ferret? _____

What will the ferret eat? _____

Where will the ferret sleep? _____

Where will the ferret be kept when you are not at home or while you are sleeping? _____

Who will provide exercise and companionship for the ferret? _____

How often will you be able to exercise the ferret? _____

Do you plan to take care of the ferret for the rest of its life? _____

What will happen to the ferret if you move? _____

What will happen to the ferret if you have a baby? _____

What will happen to the ferret if you don't have time for it? _____

What will happen to the ferret if it bites someone? _____

What will happen to the ferret if it chews your shoes, socks, wallet, etc.? _____

What will happen to the ferret if it doesn't use the litter box or defecates on your floor or furniture? _____

How often will you take the ferret to the veterinarian? _____

Are you aware that as the ferret ages it will require veterinary care that will cost hundreds of dollars? _____

Is this ferret a gift? _____

If so, for who is it for? _____

List all the pets currently in your home:

Name	Breed	Age	M/F	Spay/Neuter
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Are all pets current on their vaccinations? _____ Who is their veterinarian? _____

List all pets owned in the past 5 years that are not listed above:

Breed	Age	Spay/Neutered	# of years owned	Reason no longer owned
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Please read: It is not our intent to adopt a sick ferret to you. We vaccinate all ferrets that enter our shelter for canine distemper. This doesn't mean that the ferret won't come down with this disease. You must update your ferret's canine distemper vaccine at least yearly. Rabies vaccination is also your responsibility although these two vaccines should not be given together during the same week. It is important that you take your adopted ferret to a veterinarian for a health examination within 2 weeks of the adoption date. We cannot guarantee that an adopted ferret has had a recent veterinary exam.

I have answered everything on this form truthfully and I accept full responsibility for my new ferret.

Signature
