



Cullen's Archangel RescuE, Inc. (CARE) 2010 Ferret Adoption Application

P. O. Box 90060, Columbia, SC 29290

Exotics Director: Alicia DeBoe (803) 979-0640 or caretoadopt8@gmail.com
www.caretoadopt.org



Name _____

Street _____

City/State/Zip _____

Home Phone (_____) _____ Mobile Phone (_____) _____

Email address _____

When is the best time to call you? _____

Occupation (optional) _____

Work Phone (_____) _____ (optional) Email (optional) _____

Name of Ferret(s) you are interested in: _____ Sex: _____

What type of home do you live in? _____ (house, trailer, apartment, duplex, etc.)

Do you: Own____ or Rent____ If renting, does your landlord allow pets and is pet deposit paid? Yes ____ No ____

***A letter from your landlord stating that you have permission to have this pet live on the premises is required.**

Approximately how many hours will your pet be alone each day? _____

Are you willing to have one of our representatives visit you in your home prior to adoption? Yes____ or No____

Are there children living in the home (or visit often)? Yes____ or No____ Ages _____

If yes, are these children good with animals and have experience around animals? Yes ____ No ____

Do you plan to supervise children at all times with the pet you adopt? Yes ____ No ____

Do you understand the importance of yearly exams and vaccinating a ferret? Yes____ or No____

Are you familiar with common ferret diseases and how to handle them? Yes____ or No____

Have you owned a ferret before? Yes ____ or No ____

If so how many? _____

Have your ferret(s) been exposed to the corona virus (ECE) or Aleutian's disease (ADV)? Yes____ or No____

If so when? _____

How was it treated? _____

If you don't have your ferret(s) now what happened to them?

Have you read up or researched about having a ferret(s)? Yes___ or No___

Do you have a cage or plan to get one? Yes___ or No___ Size: _____

What room of the house will the cage be kept? _____

Are you familiar with Ferrets needs for water, food, socialization, and exercise? _____

Do you know what foods make up a ferrets diet, as well as amount and frequency? _____

How much time do you have to play with the ferret(s)? (List hours for morning, afternoon, evening) _____

Are you willing to ferret proof your house? Yes _____ No _____

Are you prepared to keep the ferret(s) for the span of their life, up to 10 years? (Including ferrets that need medical attention or life style changes) Yes _____ No _____

Do you have other pets? Yes___ or No___ How many animals do you have? _____

If yes, please describe them below:

Name_____ Age_____ Sex_____ Neutered? Yes___ or No___

Species_____ Breed_____ Personality_____

Name_____ Age_____ Sex_____ Neutered? Yes___ or No___

Species_____ Breed_____ Personality_____

Name_____ Age_____ Sex_____ Neutered? Yes___ or No___

Species_____ Breed_____ Personality_____

Name_____ Age_____ Sex_____ Neutered? Yes___ or No___

Species_____ Breed_____ Personality_____

Are your pets current on vaccines, heartworm and flea/tick prevention (if it applies)? Yes___ or No___

If you listed cats, are they indoor or outdoor? _____

If you listed any dogs, are they indoor or outdoor? _____

Do you think your other pets will be accepting of this new pet? Yes___ or No___

How do you plan to adjust your current pets to this new pet? _____

What other animals have you had in the past? Please give the animal's name, breed, length of time you had them, and the reason you no longer have them:

Is there someone home during the day? Yes ___ or No ___ At night? Yes ___ or No ___

Where will the ferret(s) stay during the day? _____ At night? _____

What are your plans for the Ferret(s) when you go out of town? _____

Are you prepared for the 1-3 month adjustment period that a newly adopted pet may need? Yes___ or No___

Note: The adjustment period may consist of nothing more than reminding the pet of their house manners (new surroundings & family can unsettle even the best trained pets). It may also be much more involved and require a consistent routine, ferret-proofing your house, extra attention, and love. Rest easy though, this period is usually brief and we are here to help you through it! After all, we do this every time a rescued animal comes in and leaves. Yes, you heard us right, every time! It's just a normal part of the process.

What are you looking for in terms of personality with this ferret(s)?

Required references we may contact: **(if possible, please list one relative and one non-relative)**

Name: _____ Home Phone (_____) _____

Relationship to you: _____ Best time to call: _____

Name: _____ Home Phone (_____) _____

Relationship to you: _____ Best time to call: _____

Current Veterinarian* (be sure they work on ferrets, please give Dr. and clinic's name):

Name _____

Street _____

City/State/Zip _____

Phone (_____) _____ Fax Phone (_____) _____

* If you do not currently have one, list the most recent. If you have never had one, please research and list the one you would most likely use.

Emergency Veterinarian* (be sure they work on ferrets):

Name _____

Street _____

City/State/Zip _____

Phone (_____) _____ Fax Phone (_____) _____

* If you do not know who handles emergencies in your city, please research and list them here. Be sure to know in case an emergency ever arises. Most vets will not see their client's emergencies. Usually, you must go to a separate Emergency Clinic. We would like to make sure you are prepared. Please keep this information on your refrigerator or close to the phone.

How did you hear about this animal? _____

Use this space for any comments or concerns:

Adoption Agreement:

"I understand that adopting an animal is a lifelong commitment and I am willing to take on this commitment if I adopt an animal from Cullen's Archangel RescuE, Inc. (CARE). I understand that CARE & the veterinarians they use have taken care of everything they see medically necessary for this animal at this time. I understand that anything in the future that may arise with this pet is my responsibility alone. I will not hold CARE or its veterinarians of choice responsible for any future medical issues. I understand that I may (and am encouraged to) contact CARE should any medical issues arise for guidance and any assistance they can provide me. I understand that this does not obligate CARE to assist with the medical bills in any way. _____ **Initials**

I certify that all the information I've provided in this adoption application is accurate and true. **I understand that if ever a reason arises that I can no longer keep this animal, I MUST return this animal to CARE only. I will allow CARE a reasonable time of 1 week to do so.** I also understand that I am not allowed to adopt this animal from CARE and give it to anyone else as a gift or for any other reason. **I am aware I will need to pay a non-refundable (after 30 days) adoption fee of \$100.00 to \$300.00 for this ferret(s) after CARE's Adoption Committee has approved me. Fee is \$_____.** _____ **Initials**

I promise to continue to keep up with annual exams, fecal tests, vaccinations, and provide any other veterinary care when necessary. I agree to feed this ferret(s) 100% nutritionally complete food, provide a constant supply of fresh clean water, and appropriate shelter at all times throughout his/her life. I agree to keep this ferret(s) safely confined in my house, in an adequate ferret cage when necessary, transported in a carrier or small ferret cage when needed, and I will not let my ferret(s) loose outdoors at any time. _____ **Initials**

CARE makes no guarantee against accidents nor do we guarantee compatibility with your current pets.

Note: Ferrets receive all necessary veterinary care prior to adoption. This usually includes a veterinary examination, fecal test, and/or other services required to treat an already existing illness/injury. Your contribution helps defray a portion of these costs.

Last, I certify that I am at least 18 years of age, a legal US citizen, and the person interested in adopting this pet. **I agree to include a photocopy of my current driver's license for verification purposes.** I understand that this will be kept confidential and not given out to any other parties. If you falsify any information or neglect to inform us of any information that is pertinent in processing your application, your application will not be approved. If falsification is discovered after adoption, our pet will be removed from your possession immediately with no reimbursement of the adoption fee. _____ **Initials**

This agreement is binding upon all parties hereto, their heirs, successors and assigns, and shall be governed in accordance with the laws of the State of South Carolina. Any legal actions or disputes will be resolved in the County of Richland, State of South Carolina. This is the full and final agreement. There are no other agreements, oral or otherwise. Any subsequent agreements will be entered into in writing. _____ **Initials**

If you agree to the terms of CARE's adoption policy, please indicate so by placing an "X" next to "accept". If you do not agree, please place an "X" next to "decline". Agreement with CARE's adoption policy is required to adopt from this organization.

Accept_____ **or** **Decline**_____

Signature of Applicant

Date

Printed Name of Applicant

Interview Date

Signature of CARE Board Member

Application Date

Approval Date

CARE Rep's Notes:
