



ADOPTION APPLICATION

MASSACHUSETTS FERRET FRIENDS, INC.
288 Grove Street, Suite 334
Braintree, MA 02184
(781) 224-1098

Date: _____

Please complete this application and return to Massachusetts Ferret Friends, Inc. (MaFF). Our Foster Team will contact you in approximately one week to make an appointment for an interview. You can mail your application to either address shown above or email it to fosters@maferrets.org.

Date: _____

Name	Veterinarian Name
Street Address	Veterinary Hospital/Clinic Name
Mail Address	Veterinary Address
City/State/Zip	City/State/Zip
Home Phone Work Phone	Veterinary Telephone
Email Address	

This is **NOT** a test! Don't feel that you need to answer "correctly". This is a way for us to streamline our interview process and highlight areas where you - experienced ferret owner or not - may need extra guidance or information. The form also gives us a formal checklist to review during the interview to be sure we cover all necessary topics.

We hope that the questions included here will not only help us assess your suitability as an owner, but help **YOU** decide if a ferret is right for you. Ferrets are adorable, fun-loving animals and many people want one - for now. Experience, however, has taught us that personal lifestyle changes - moving, children, school or job demands - often prompt people to give up their pets. We aim for permanent homes for ferrets. While no one can predict unforeseen events, many major changes are planned in advance and, if carefully thought out now, can help avoid an animal losing its home in the future. You may find you cannot make an 8+ year commitment to a ferret. This does not necessarily mean that you cannot adopt. It does mean, though, that you should think carefully about how much time you can promise to give. Perhaps an older animal, who can live happily with you for a shorter period or time, would be more suitable.

Thank you for your interest in adopting from Massachusetts Ferret Friends, Inc.

Pet Ownership

1. Do you currently own any other ferrets? Yes No
2. If so, how many? _____
3. Have you previously owned ferrets? Yes No
If yes, what happened to them (if death, please specify cause)? _____

- For how long? _____
4. Do any other adults live in your household? Yes No
If yes, are they aware that you plan to adopt a ferret? Yes No
5. Do any children live in your household? Yes No
If yes, how many and what ages? _____
If none now, do you plan to have children Yes No
If yes, what will happen to your pets? _____
6. Are you aware that some doctors advise you not to have pets around when pregnant? Yes No
What will you do if your doctor so advises you? _____
7. Do you or any member of your household smoke? Yes No
Have asthma? Yes No
Have allergies? Yes No
If yes, to what? _____
8. Do you or any household member have any significant medical condition that might affect caring for a ferret?
 Yes No
If yes, please describe _____
9. Do you have frequent visitors to your household? Yes No
10. If children frequently visit, please indicate age(s) and frequency of visits _____

11. Do you own your own home? Yes No
If no, do you rent? Apartment House
Does your land allow - Pets? Yes No Ferrets? Yes No
If necessary, can you obtain written permission to have ferrets? Yes No
12. Are you planning to move within the next year? Yes No
If yes, please indicate: Plant to move to Own home Apartment
Will you be moving within the state you currently live in? Yes No
If no, where? City _____ State _____
What will you do if you cannot find housing that allows pets or ferrets? _____

Ferret Knowledge

1. Have you read any books or other information about ferrets? Yes No
If yes, identify books _____
2. What supplies do you already have? Please check all that apply -
 Cage Carrier Food Bowl Water Bottle Hammock/Bedding
 Nail Clippers Linatone/Ferretone Litter _____ Other
3. How do you plan to permanently house your ferret(s)? Please specify -
 Cage Please describe: Size _____ Does it have a wire floor? Yes No
Approximately how much time will it spend in the cage? _____
 Room Please describe: What room? _____ Is it in the basement? Yes No
 Free roam/loose in the house Are outside doors blocked? Yes No
 Other housing Please describe housing and location: _____

4. Have all areas your ferret will be allowed in (or have access to) been thoroughly ferret-proofed?
 Yes No
If yes, describe how _____
5. What type/brand food do you currently or plan to feed your ferret(s)? _____
6. What type of litter do you currently or plan to use with your ferret(s)? _____
7. Do you know how to: Clip nails? Clean ears?
8. Are you able to groom (bathe, clip nails, clean ears) every 2 to 3 weeks? Yes No
9. Do you plan to take your ferret outside? Yes No
If yes, where and how? _____
10. Do you plan to travel with your ferret? Yes No
If yes, where and how? _____
11. If you have never had a ferret before: _____

Do you have friends with ferrets? Yes No
Have you ever handled a ferret? Yes No
What attracts you about ferrets and why do you want one? _____

Do you understand that a ferret cannot stay in a cage all the time? Yes No
Must be played with DAILY? Yes No Is a LOT of work? Yes No
Do you have enough time to handle, play and care for your ferret DAILY? Yes No
Can you make a 3 to 8 year commitment to keep a ferret? Yes No
Can you put up with (but not limited to) the following: plant-murdering, sock stealing, knocked-over drinks, 80-90% litter success ration, things hidden, rubber/leather chewing (especially shoes), items thrown off coffee tables, papers scattered, housekeeping "help", purses rifled, ankles attacked? Yes No

Personal Information

1. Are you a full-time student? Yes No
If yes, please check one Grade School High School College
If **grade school student**, what will happen when you reach a higher level and have less time to spend with your pet? _____

If **high school student**, do you plan to attend college? Yes No
If yes, what will happen to your pet when you go away to college? _____

If **college student**, do you live:
 On campus Off campus at home Off campus in apartment
If on campus, please provide campus address and telephone number _____

What is the school's policy on pets in dorms? _____
After graduation, where will you be seeking employment? _____

2. If **under age 18**, Are your parents aware that you want to adopt a ferret? Yes No
Who will be the ferret's main caretaker? _____
If you no longer "have time", who will take over **all** of your ferret's care and handling needs? _____

Are you paying the adoption fee yourself? Yes No
3. If not a student, do you work? Yes No
If yes, where? _____

4. Do you own other animals? Yes No
If yes, indicate species, breed and number(s) _____

Do all your animals receive regular veterinary check-ups and vaccinations? Yes No
5. If yes, identify vaccinations _____

For all potential adopters

1. Are you looking for a More cuddly animal? More "hyper" animal?
2. Do you have specific requirements in an adopted ferret? Yes No
If yes, please describe _____

3. Do you know what the legal status of ferrets is in your state? Yes No
4. Do you know what your state policy is about ferrets involved in bite incidents? Yes No
5. Will you agree not to expose your ferret to unnecessary risks such as letting strangers handle them, taking them outside without a secure harness or carrier, allowing children to play "show and tell" with them?
 Yes No

Please be aware that Massachusetts Ferret Friends, Inc. STRONGLY RECOMMENDS all ferrets receive an annual vet-administered rabies vaccination.

6. Will you agree to seek prompt, competent veterinary care should your ferret become ill, have an accident or begin "acting strangely"? Yes No
7. Can you be reasonably sure you can afford to pay the costs of surgery and/or ongoing medication should your ferret become ill? Yes No
8. Can you ensure that all family members and visitors to your household, as well as yourself, always treat your

ferret gently, patiently and with respect? _____ Yes _____ No

Thank you for taking the time to complete this application. We hope it will have helped you learn more about what is involved in caring for a ferret, and if you are ready to take on this responsibility. If you have not mailed this in advance, please bring this form with you to your adoption interview.

We look forward to meeting you and your family and will be happy to answer any additional questions you may have at that time.

Signature

Date