

OREGON FERRET SHELTER ADOPTION FORM

PLEASE PRINT CLEARLY

NAME _____

STREET ADDRESS _____

CITY _____

STATE _____

ZIP _____

PHONE (____) _____

EMAIL _____

HAVE YOU EVER OWNED A FERRET BEFORE? _____ YES _____ NO

IF YES, DO YOU STILL HAVE HIM/HER? _____ YES _____ NO

IF YOU NO LONGER HAVE YOUR FERRET, WHAT HAPPENED TO HIM/HER?

WHAT DO YOU FEED YOUR FERRET(S)? PLEASE LIST SPECIFIC NAMES

DO YOU HAVE A VETERINARIAN? _____ YES _____ NO

IF YES PLEASE GIVE NAME, ADDRESS AND PHONE NUMBER

ARE YOU INTERESTED IN ADOPTING **MALE** **FEMALE**

WHAT AGE ARE YOU INTERESTED IN ADOPTING? **UNDER 1 YEAR**

1 TO 2 YEARS **2 TO 3 YEARS** **3 TO 4 YEARS** **4 YEARS OR OLDER**

ARE YOU INTERESTED IN ANY PARTICULAR FERRET IN THE SHELTER?

YES **NO**

IF YES, WHICH FERRET(S) ARE YOU INTERESTED IN?

DO YOU **OWN** **RENT**

IF RENT, WHAT IS LANDLORDS NAME? _____

LANDLORDS PHONE NUMBER? _____

DOES YOUR LANDLORD PERMIT PETS? **YES** **NO**

HOW MANY PEOPLE LIVE IN YOUR HOME? _____

DO YOU HAVE CHILDREN? **YES** **NO**

IF YES, WHAT AGES? _____

WHAT PETS DO YOU HAVE NOW? _____

DO YOUR PETS LIVE _____ INDOORS _____ OUTDOORS

DO YOU HAVE A CAGE FOR A FERRET NOW? _____ YES _____ NO

IF YES, PLEASE DESCRIBE INCLUDING DIMENSIONS _____

WHERE WILL THE CAGE BE KEPT? _____

PLEASE FILL OUT FORM COMPLETELY AND MAIL TO:

**OREGON FERRET SHELTER
P.O. BOX 1775
OREGON CITY, OR 97045**