



Animal Name: \_\_\_\_\_

HSNI \_\_\_\_\_ City \_\_\_\_\_

# Ferret Adoption Form

*At the Humane Society of North Iowa*, we seek responsible homes for our animals, where owners fulfill the physical needs, veterinary needs, safety and emotional needs of their pets. Our adoptive dogs and cats must not become free-roaming nuisances. TO THESE ENDS, THE HUMANE SOCIETY RESERVES THE RIGHT TO REFUSE ANY ADOPTION APPLICATION.

Adopters must be at least 18 years old. All adults in the household must participate in this application and selection process. We may require a valid form of identification bearing the applicant's current address. Renters must supply their landowner's name and phone number. Veterinary care and housing arrangements for applicants' current pets must meet HSNI standards.

**By signing this application, the applicant gives *express permission* for the HSNI to investigate all statements made on this application. Specifically, the applicant gives the HSNI permission to inquire of and obtain veterinary care records for the applicant's current of past pets.** Also, for applicants who rent their dwelling or trailer lot, the Humane Society will contact the current landowner to confirm permission for applicant to house a cat on the property as an indoor pet.

Name (include spouse) \_\_\_\_\_

Street address \_\_\_\_\_

Mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home phone number: \_\_\_\_\_ Email Address \_\_\_\_\_

Are you at least 18 years old? \_\_\_\_\_ Do you attend school? \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Number \_\_\_\_\_ How Long? \_\_\_\_\_

Spouse's place of Employment \_\_\_\_\_ Work Number \_\_\_\_\_ How Long? \_\_\_\_\_

**Do you live in a:** House \_\_\_\_\_ Apartment \_\_\_\_\_ Condo \_\_\_\_\_ Dorm \_\_\_\_\_ With parents \_\_\_\_\_

Mobile Home \_\_\_\_\_ Farm \_\_\_\_\_ OTHER (describe) \_\_\_\_\_

I RENT \_\_\_\_\_ I OWN \_\_\_\_\_

Landowner's name \_\_\_\_\_ Landowner's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_

1. Have you ever adopted a pet from a shelter before? \_\_\_\_\_ What Shelter? \_\_\_\_\_
  2. Have you ever been refused adoption of a pet from a shelter? If so, why? \_\_\_\_\_
  3. Have you ever released a companion animal to a shelter? \_\_\_\_\_ If so, please explain: \_\_\_\_\_
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4. Have you ever been involved with an Animal Control Department or other law enforcement agencies regarding your pet or another animal? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain the circumstances \_\_\_\_\_

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***Please provide the following information about your household:***

5. Number of adults \_\_\_\_\_ Number of children \_\_\_\_\_ Ages of children \_\_\_\_\_

6. Have you owned a ferret before? Yes No

6a. If yes, how many? \_\_\_\_\_

7. Do you have a ferret now? Yes No

7a. If yes, how many? \_\_\_\_\_

8. Have your ferret(s) been exposed to the coronavirus (ECE) or Aleutian's Disease (ADV)? Yes No

8a. When? \_\_\_\_\_

8b. How was it treated? \_\_\_\_\_

9. If you don't have ferret(s) now, what happened to it/them? \_\_\_\_\_

10. Do you have a cage? Yes No

10a. Size and Description of Cage. \_\_\_\_\_

11. What room of the home will the cage be kept in? \_\_\_\_\_

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

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13. Ferrets should NOT be fed grocery store cat foods. Are you prepared to pay more for quality food at \$12-\$15 per 7 lb bag? \_\_\_\_\_

14. Ferrets need to visit the vet at least once a year for a check up and vaccinations. Ferrets over 3 years of age need to have a check up twice a year. Are you willing to pay \$50-\$100 annually per ferret per vet visits?  
Yes No

15. Are you prepared to keep your ferrets for the span of their life, up to 10 years of age? Including ferrets that become sick and need medical attention or lifestyle changes? Yes No

16. Under what circumstances would you return your ferret(s) to the shelter? \_\_\_\_\_

17. What arrangements will you make for your pet(s) when you leave town for extended periods (vacations, etc) \_\_\_\_\_

*Please describe and name the pets you have owned during the past five years:*

TYPE / BREED	NAME	KEPT WHERE?	AGE	ALTERED? (SPAYED/ NEUTERED)	SEX	STILL OWN?	IF NO, WHY?

18. For the above, who is your veterinarian? \_\_\_\_\_

19. What is the clinic phone number? \_\_\_\_\_

20. What vaccinations has your pet had in the past year? \_\_\_\_\_

21. When was your pet's last visit to a veterinarian? \_\_\_\_\_ Reason? \_\_\_\_\_

22. How did you learn about the Humane Society of North Iowa? Globe-Gazette\_\_\_\_ Other newspaper\_\_\_\_  
TV\_\_\_\_ Radio\_\_\_\_ Friend\_\_\_\_ Website\_\_\_\_ Facebook \_\_\_\_ Other source\_\_\_\_\_

**By signing below, I certify that the information I have given is true and that I recognize that any misrepresentation of facts may result in my losing the privilege of adopting or keeping an adopted pet. I understand that the Humane Society of North Iowa has the right to deny my request to adopt an animal, and I authorize investigation of all statements in this application. I understand that this application is the property of the Humane Society of North Iowa.**

Signature \_\_\_\_\_ Date \_\_\_\_\_, 20\_\_\_\_

**FOR OFFICE USE ONLY, BELOW THIS LINE**

Applicant interviewed: Date \_\_\_\_\_ By \_\_\_\_\_

Adoption approval: Yes \_\_\_\_\_ No \_\_\_\_\_ If no, why not? \_\_\_\_\_

Veterinary Check: All okay \_\_\_\_\_ Vaccinations not current or other problems \_\_\_\_\_

Landowner's approval: Yes \_\_\_\_\_ No \_\_\_\_\_ If no, why? \_\_\_\_\_

Other  
comments: \_\_\_\_\_

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