

Jersey Shore Animal Center, 185 Brick Blvd., Brick, NJ 08723

Phone (732) 920-1600, Fax (732) 920-3706 www.jerseyshoreanimalcenter.org

FERRET APPLICATION – Please print and fill out completely

ANIMAL NAME _____ 2 ND CHOICE _____

YOUR NAME _____ **PHONE** _____

ADDRESS _____ TOWN _____ ZIP _____

EMPLOYER _____ PHONE _____ POSITION _____

PET INFORMATION

Have you adopted from the JSAC before? Y or N If yes, when? _____

How many pets do you own currently? DOGS _____ CATS _____ OTHER _____

Dog name(s) _____ Cat name(s) _____

Ferret name(s) _____

How many pets have you had in the last five years? (**NOT INCLUDING THE ABOVE PETS**)

DOGS _____ CATS _____ FERRETS _____ OTHER _____

Dog name(s) _____ Cat name(s) _____

Ferret name(s) _____

What happened to these pets? Circle below

LOST STOLEN GIVEN AWAY GIVEN TO SHELTER SOLD DIED STILL HAVE

If pet died, please list date and cause of death _____

If given away, please explain circumstances and indicate name and address of new owner:

Are (were) all of your pets spayed or neutered? Y or N

If not, please explain:

Who is your veterinarian?

Name _____ Address _____

Town _____ State _____ Phone _____

Under what LAST NAME is the pet listed? _____

HOME INFORMATION

OF ADULTS IN HOME _____ Do all the adults work full time? Yes or No

of children in home _____ Please list ages _____

If no children reside in home, do any visit frequently? Yes or No

If yes, please list ages _____

Has anyone in the home experienced allergies to animals? Yes or No

Do you: OWN RENT SHARE DWELLING LIVE WITH PARENTS OTHER _____

IF YOU RENT, YOU MUST PROVIDE JSAC WITH A COPY OF YOUR RENTAL AGREEMENT (EVEN IF YOU RENT FROM A RELATIVE)

LANDLORD NAME: _____ PHONE _____

Home Type: HOUSE CONDO APARTMENT TRAILER OTHER _____

How long at this address? _____

Do you agree to a house visit by JSAC prior to adoption? Yes or No

Do you plan to move within the next year? Yes or No

If you move, what will you do with the pet? _____

FERRET QUESTIONNAIRE

Have you ever owned a ferret before? Yes or No

Would you like information on ferret care? Yes or No

Where will your ferret be housed? _____

Do you plan to cage your ferret? _____

What size cage do you have? _____

What type of flooring does the cage have? _____

What type of bedding do you plan to use? _____

What do you plan to feed your ferret? (Please be specific) _____

Do you plan on brushing/bathing your ferret? Yes or No

Do you know how to clip your ferret's toenails? Yes or No

Does your veterinarian treat ferrets? Yes or No

If not, would you like a recommendation on a vet who does treat ferrets? Yes or No

Do you plan on having children handle the ferret? Yes or No

If yes, what age are the children? _____

Have the children handled ferrets before? Yes or No

Are you interested in a HOUSE PET OUTSIDE PET SCHOOL PET GIFT

If gift, for whom is the ferret a gift? _____

I, THE UNDERSIGNED, HEREBY AUTHORIZE JSAC TO VERIFY THAT ALL THE ABOVE INFORMATION IS TRUE AND CORRECT, AND PERMIT THE RELEASE OF VETERINARY HISTORY.

Sign here _____ Date _____

How did you hear about us? PetsMart Internet Friend Relative Vet Phonebook Walk-In

PLEASE BE ADVISED: The JSAC adoption process may take several days. Applying for a pet does not guarantee approval or adoption or place a hold on an animal. Decisions are made in the best interest of the animals and people involved.