



RILEY COUNTY HUMANE SOCIETY
ADOPTION CONTRACT

Ferret

P.O. Box 1202, Manhattan, Kansas 66505

Phone: 785-776-8433 Fax: 888-701-8936 Web: www.rchsk.org

E-mail: Exoic-Adopt@rchsk.org or info@rchsk.org

Name of Adopter _____

Address of Adopter _____

Home Phone _____ Work _____ Cell _____

Email Address _____

Employer _____

Landlord Name (if renting) _____ LL's Phone #: _____

Veterinarian's Name _____ Vet's Phone #: _____

Name of Pet to be Adopted _____ Sex _____ Age _____

Color/Description _____

References (no family please) #1 _____ Phone _____

#2 _____ Phone _____

AS THE ADOPTING PARTY I AGREE TO THE FOLLOWING PROVISIONS:

- 1. I understand that this ferret will be an indoor pet integrated with the rest of my family. I understand that ferrets require time, attention and lots of love. I have the time and the intention of providing this to my ferret.
2. I agree to provide a safe, healthy environment and to house the ferret indoors, safe from predators, disease, and exposure. I agree to give this ferret play and exercise time. I will always supervise any children who are in the presence of this ferret.
3. I agree to have this ferret as part of the family and not kept apart in a far off space or cage. I understand the ferret needs social interaction and love for emotional well-being. I understand and agree to provide for the ferret's social and emotional needs. I agree to research information about this topic.
4. If renting, or leasing or subletting, I confirm that I have permission from the landlord to have a ferret. (we will call your landlord to verify)
5. I agree to provide the ferret with fresh, high quality food and water every day.
6. I have no allergies to ferrets and no one in my household has an allergy to ferrets.
7. I have no animals that will harm the ferret that will be allowed in the ferrets's area. (Hunting cats or hunting/working dogs, etc.)
8. This ferret adoption is permanent, and I understand that the ferret may live to be up to 10 years of age (6-8 being avg).
9. In the event of illness or injury, I agree to seek prompt veterinary care from a qualified exotics veterinarian.
10. I understand that the pet covered by these adoption papers, is, as far as can be determined by the RCHS, in good health, and that the RCHS is not responsible for any medical fees incurred after the adoption date. However, if a health problem develops during the first 10 days, I should notify the RCHS to discuss the matter.
11. I agree to provide requested feedback in the adoption follow-up program, and I give the RCHS visitation rights to ensure that the terms of this adoption agreement are being observed.
12. I agree to keep this ferret up to date on rabies and distemper vaccinations.
13. If, for any reason, I cannot keep the adopted pet, I agree to notify the Riley County Humane Society (RCHS), and return the adopted animal to an active member of the organization.
14. I understand that any failure to perform the foregoing agreement will constitute a breach of contract. In the event of a breach in contract, I authorize the Riley County Humane Society to reclaim both possession and ownership of the pet.

Signature of Adopter: _____ Date: _____

RCHS Representative: _____ Date: _____

RILEY COUNTY HUMANE SOCIETY
Ferret Interview

Your Name: _____

Name of ferret(s) you are interested in adopting: _____

1. Do you own your home or rent?

1a. If you rent, does your landlord permit ferrets? (We will contact your landlord and verify.)

2. Have you owned a ferret before?

2a. If so, how long did you have your previous ferret?

2b. What happened to them?

3. Why adopt a ferret as a pet?

4. Have you obtained information regarding ferret diet, needs, behavior, etc. ?

4a. Are you aware that ferrets need regular grooming (weekly nail trims, baths, etc.) in order to keep their odor at a manageable level?

4b. Are you going to keep the ferret with **constant** access to food?

4c. Are you aware that ferrets are able to squeeze into small areas that could be dangerous for them? What precautions have you taken to keep the ferret(s) safe from getting lost?

4d. What will you provide for your ferret(s) to keep them entertained in their cage?

5. Will the ferret be housed indoors or outdoors?

6. What type of caging/housing will you be using?

6a. Will there be room for a litter box plus food/water dishes, and room left over for the ferret(s) to play and have access to a sleeper or hammock?

6b. What type of bedding will you use in the litter box?

7. Are there children in the home? If so, what ages?

7a. Are the ferret(s) being obtained as a pet for the child(ren)?

7b. Will the ferret(s) be supervised in the presence of young children?

7c. If the ferret(s) is being obtained for a child, is there an adult willing to be the primary care giver?

8. Is the ferret(s) being obtained as a bond mate for another ferret?

8a. Is that ferret up to date on vaccinations (we will verify with your vet)?

9. Does anyone in your home have any known allergies to ferrets?

10. Is everyone in the home aware of the potential adoption?

11. Will the ferret(s) be allowed lots of exercise/play time outside of his/her cage and lots of interaction with the family?
About how many hours a day will you devote to letting it out of its enclosure?

12. Are there dogs or cats or other naturally predatory animals in the family?

12a. If so, how do you plan to keep the ferret(s) safe from these animals?

13. Are you aware that ferrets require distemper and rabies vaccinations?

13a. Are you willing to keep this ferret up to date on vaccinations for the sake of the ferrets and your family's health? (Please sign and date this clause if you agree)

Sign _____ **Date** _____

14. We realize the veterinary care for a ferret is limited, other than routine vaccinations. However, are you willing to take your ferret(s) to a **qualified exotics veterinarian** if he/she should need medical care?

14a. Are you aware of the cost involved with using a qualified exotics veterinarian?

15. A ferret's average lifespan is 6-8 years, but some live as long as 10yrs. Are you fully prepared to commit to the ferret(s) for their entire lifetime?

If your application is approved, and the adoption is not successful, for whatever reason and after any duration of time, do you agree to return the ferret(s) back to the RCHS fostering and adoption program?

This stipulation is also referred to in the adoption application you are required to sign.

(please sign if you agree) **Sign** _____ **Date** _____