



LANCS EAST BRANCH

FERRET ADOPTION

This questionnaire must be filled in and checked by a member of staff before a ferret can be handled, or is considered for adoption.

Our main concern at the Altham R.S.P.C.A. Centre is that the animals go to permanent new homes where they will be happy and well cared for, for the rest of their lives. All the animals living at the centre are here because their owners could no longer care for them. Our first duty is to the animals and we try to ensure the animal concerned is compatible with the people wishing to adopt.

PLEASE NOTE THE ANIMAL FOR ADOPTION IS THE PROPERTY OF THE R.S.P.C.A. ALTHAM BRANCH AND IS REHOMED AT OUR DISCRETION.

Interviewer: _____ Date _____
Name of applicant _____
Address _____
Post code: _____
Tel. No. (Home) _____ Work _____ Mobile _____

PLEASE DELETE AS APPROPRIATE

Why do you want a ferret _____
Is the above house a house / flat (if flat what floor is it on) / mobile home / other _____
Is the property private rented / council / your own
Are you considering moving in the near future YES/NO
If yes how soon _____
Has the property a garden or yard YES/NO
Is the garden or yard secure YES/NO
Is the ferret to be a house ferret or outside ferret _____
If a house ferret has thought been given to protection of wiring etc... YES/NO
If outside ferret what size is the hutch _____
What size is the run _____

Are you planning a holiday in the near future YES/NO
If yes on what date are you going _____
Have you thought about who will care for the ferret and / or the cost of boarding?

How many people live in your household - Adults _____ Children _____
Please specify ages of children _____
Does anybody in your household suffer from allergies to animals e.g. asthma. Y/N
Please remember ferrets can bite and young children should always be supervised

Has the family discussed the implications of having a pet and the restrictions it may place on their life style?

Do the prospective owners both work YES/NO. Does only one person work YES/NO
Are their any other pets in the household at present YES/NO
If yes please specify _____

Which Veterinary practice will you be using _____
Are you aware of the cost involved in keeping an animal i.e. vaccinations, worming, feeding, flea control and other veterinary consultations and treatments YES/NO

Are you aware that one of our home checkers will have to visit your home YES/NO

The information I have given on this form is true. I understand that any false information will invalidate this application and will result in the R.S.P.C.A. refusing this application. Applicants must be over 18 years of age.

Signature(s) _____ Date _____
_____ Date _____

Thank you for your co-operation in completing this form
We would like to keep you up to date with the work of our Branch of the R.S.P.C.A.
If you do not wish to receive any information please tick this box

FOR OFFICE USE ONLY

Name of ferret _____ UW _____
Breed _____ Age _____ Size _____
Sex _____ Neutered YES / NO. Colour _____
Landlord's letter received YES / NO. Date on file _____
Any other comments.

Interviewer's signature _____ Date _____
Management approval _____ Date _____
Passed to home checker _____ Date _____
Home checkers comments / recommendation _____
