

WASHINGTON FERRET RESCUE & SHELTER
FOSTER HOME APPLICATION

This application is to screen for the potential foster home of a ferret. The information herein will be used solely for the purpose of foster home selection and will not be shared with anyone outside of the Washington Ferret Rescue & Shelter. By completing this form, you grant permission for our volunteers to contact your landlord, your veterinarian, and any other contacts deemed necessary. This form may seem a bit long, and in depth, but the reason we ask so many questions is to be sure that we find the perfect home for our ferrets. They've already been homeless once, and we want to make sure their next home is forever!

Permanently fostering a ferret for the Shelter means that the ferret technically belongs to the Shelter (as we will be providing all veterinary care through our Shelter), but that he/she is yours to love until the end of his/her natural life. Ferrets available for fostering typically have some kind of illness or behavioral problem (biting) where an experienced ferret home is required. Foster families will be trained how to administer medication and how to properly care for their ferret(s). They can expect to attend a training course and to visit the Shelter as needed to see the veterinarian, pick up medications, etc. We do not charge a fee for our foster animals; however, we do expect the foster family to contribute monthly to help cover the costs of their ferrets' medication(s). *This is not a way to get a *free* ferret.* Prospective foster parents will be extensively interviewed. It takes a special person to foster & we really appreciate each and every family we get the pleasure of working with!

Name: _____ Date: _____

Address: _____

City: _____ St: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Occupation: _____

Driver's License: _____ *Identification is required!*

Email Address: _____

Do you own or rent? _____ Landlord's Name & phone: _____

Note: All renters will be required to provide a copy of their lease granting permission to keep pets in the home. If this is not available, written permission from your landlord or verbal authorization over the phone is acceptable.

How many people live in your home? _____ Number of Children: _____

Children's ages & sex (if applicable): _____

Do any of the people in the home have allergies to pets? _____

Do you currently have other pets? (check all that apply) Cats Dogs Small Animals

Do your pets live indoors or outdoors? Indoors Outdoors Both. Specify: _____

Are they spayed or neutered? _____ Current on vaccines? _____

Have you ever owned a ferret before? _____ If yes, do you still have him/her? _____

Where do you plan to keep your ferret? Please be specific: _____

What do you plan to do if your new ferret does not get along with your existing pets? _____

What do you currently, or what do you plan on feeding your ferret(s)? _____

Do you have a cage? _____ If yes, please describe it, including dimensions: _____

Where will the cage be kept? _____

Do you have a veterinarian? _____

If yes, please list his/her name, address & phone number: _____

Please note: We do check veterinary references!

Are you interested in any particular ferret(s) in our shelter? Yes No. If yes, which one(s): _____

Do you agree to give your new ferret regular healthcare? Yes No

Do you agree to contact WFRS if you can no longer keep your ferret(s)? Yes No

How did you hear about our rescue efforts? _____

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Agreement & Understanding - You will be asked to sign the following as a part of the contract to foster a ferret from the Washington Ferret Rescue & Shelter.

1. All ferrets are the property of the Washington Ferret Rescue & Shelter.
2. All ferrets will be cared for to the best of my/our ability which includes, but is not limited to: proper nutrition for each ferret in my/our care, which may include special diets and syringe feeding, medication administration and immediate notification of any new medical problem or condition that I/we have not been instructed on regarding care.
3. Monthly reports to the Shelter Director on their Designee regarding the condition of the ferret including weight, activity, food tolerance and general health.
4. In the event that the ferret becomes ill or is injured beyond my capability to handle, the Shelter Director or Designee will be IMMEDIATELY notified as to the condition of the ferret(s). If IMMEDIATE medical attention is needed and the Shelter Director is unavailable, I/we will take the ferret(s) to Bird & Exotic Clinic in Seattle for immediate treatment, or if it is after business hours, the ferret(s) will be taken to the nearest emergency animal clinic.
5. If I/we choose a vet NOT recommended by the Shelter Director or Designee, I/we understand that I/we will be ENTIRELY responsible for any vet bills which the ferret(s) may incur, and cannot hold the Shelter responsible for vet costs or the cost of medications.
6. I have received a card for the East Side Avian & Exotic Animal Medical Center. I understand how to contact the Shelter Director or Designee if I have any questions.

Thank you for the information. If there is anything else you think would be helpful, please list it on the other side of this page.

We reserve the right to refuse this application for ANY and NO reason.