

# VIFERT Ferret Babysitting Agreement



Ferrets Name(s): \_\_\_\_\_

1. I understand that there are benefits and risks associated with ferrets socializing in a cage free setting and I agree that the benefits outweigh the risks. I accept those risks.
2. I understand that VIFERT is relying on my representation of my ferret(s) behaviour and medical condition .
3. I understand and agree that I am fully responsible for any harm my ferret(s) causes to another ferret(s) while in VIFERT's care.
4. I fully understand that ferret(s) naturally play and that my ferret(s) may sustain injuries. At VIFERT, all ferrets are monitored by our volunteers, however accidents and injuries, etc. may occur despite supervision.
5. I have provided VIFERT with full disclosure in regards to my ferret(s) behaviour. I agree that if my ferret(s) have shown any aggression towards any ferret, animal, or person, that I will advise VIFERT immediately.
6. I agree that by allowing my ferret(s) to attend VIFERT that neither VIFERT nor any of its volunteers will be liable financially or otherwise for injury, illness, death or escape of my ferret(s) providing that reasonable care and precautions were taken. I release VIFERT and its directors, officers, employees and volunteers from any and all loss, costs, damages or liability that may occur to my ferret(s) while my ferret(s) is in the care of VIFERT.
7. I agree that if at any point in time my ferret(s) is not behaving appropriately with the other ferret(s)s that it is understood my ferret(s) will have some "quiet time" away from the other ferret(s)s and will be reintroduced once my ferret(s) is calmer and well behaved.
8. I agree that if I do not pick up my ferret(s) within 2 weeks of the agreed date, the ferret(s) may, at the discretion of VIFERT, be put up for adoption. Unless an extension is agreed upon.
9. I agree that \_\_\_\_\_ may contact and receive my ferret(s) medical information from

\_\_\_\_\_.

Date: \_\_\_\_\_

Owners Name: \_\_\_\_\_ Owners Signature \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Drop-off Date: \_\_\_\_\_ Pick-up Date: \_\_\_\_\_

# VIFERT Ferret Babysitting Agreement



## Babysitting Ferret Information Form One per ferret

Ferrets name: \_\_\_\_\_

Distinctive markings/colorings: \_\_\_\_\_

Medical conditions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medications used: \_\_\_\_\_

\_\_\_\_\_

Diet: \_\_\_\_\_

\_\_\_\_\_

Behaviors we should be aware of: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other Info: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# VIFERT Ferret Babysitting Agreement



**V. I. FERT**

## Veterinary Release Form

Owner's Full Names: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Telephone Number 1 \_\_\_\_\_

Telephone Number 2 \_\_\_\_\_

Email: \_\_\_\_\_

## TO WHOM IT MAY CONCERN

I hereby authorize the attending veterinarian to treat any of my pets as listed on the Babysitting Agreement Form and I accept full responsibility for all fees and charges (limited to \$\_\_\_\_\_) incurred in the treatment of any of my pets before I am required to be notified. If I cannot be reached in case of an emergency, \_\_\_\_\_ shall act on my behalf to authorize any treatment including/excluding euthanasia (Choose one).

Owner's Signature: \_\_\_\_\_

Date: \_\_\_\_\_