



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 some VIFERT homes may not be able to keep my ferrets separated. I agree that the benefits outweigh the risks and I accept those risks.
2. 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 may occur despite supervision.
3. I have provided VIFERT with full disclosure in regards to my ferret(s) behaviour and medical conditions. My ferret(s) has not shown aggression towards any ferret(s) or person. I agree that if my ferret(s) shows any such behaviour that I will advise VIFERT immediately. I understand and agree that I am fully responsible for any harm my ferret(s) may cause to another ferret(s) while in VIFERT's care.
4. I agree that by allowing VIFERT to care for my ferret, 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.
5. 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 other arrangements are made. Any extensions must be discussed and mutually agreed upon prior to the pickup date; extensions are dealt with on an individual basis.

Pickup Date: _____

Signature:

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6. I agree VIFERT may make decisions regarding any treatment my ferret(s) may receive (for example medication or diagnostic testing). I agree that I am financially responsible for any treatment including veterinarian care. VIFERT will make every effort possible to contact me.

7. I agree/disagree that if my ferret is extremely unwell, VIFERT personnel, in conjunction with veterinary personnel, may authorize euthanasia. This is not a decision made lightly and would only be permitted to eliminate suffering. In this situation, VIFERT personnel will make every reasonable effort to contact me prior to euthanasia, unless directed otherwise.

Date:

Owners Name:

Owners Signature:

Address:

Phone Number:

Email:

Witness Name:

Witness Signature:

Emergency Contact info (if needed):

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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, _____ or VIFERT personnel shall act on my behalf to authorize any treatment including/excluding euthanasia (Choose one).

Owner's Signature:

Date:

Witness:

Date:

Name of Veterinary Clinic:

Physical Address:

Telephone Number:

Email:



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Ferret Babysitting Information Form One per ferret

Ferrets name: _____

Distinctive markings/colorings:

Medical conditions:

Medications used:

Diet:

Would you like VIFERT to try transition your ferret to a raw diet while in our care. (Yes/No)

Behaviours we should be aware of:

Other Info: