

Ferret Surrender Form

Are you the legal owner of the ferret(s) or have you been given the right by the owner to surrender the ferret(s)? Yes or No

Name	Color/ Markings	Sex	Age/Date of Birth	Altered	Descented	Medical Conditions
		M F		Y N	Y N	Y N
		M F		Y N	Y N	Y N
		M F		Y N	Y N	Y N
		M F		Y N	Y N	Y N
		M F		Y N	Y N	Y N
		M F		Y N	Y N	Y N
		M F		Y N	Y N	Y N
		M F		Y N	Y N	Y N
		M F		Y N	Y N	Y N
		M F		Y N	Y N	Y N

You, your spouse and/co-owners (if any), are the legal guardians of the animal and are irrevocably transferring legal ownership of said animal on the date of the surrender. This gives us complete authority to take whatever actions are, in our judgment, in the best interest of the animal(s).

Surrendering party:

Name (please print): _____

Address/City: _____

Signature: _____

Date: _____

Witness:

Name (please print): _____

Signature: _____

Date: _____

Vancouver Island Ferret Education & Rescue Team
Ferret Surrender Form

The following questions are to help ensure the smoothest transition possible for the ferret. Please answer all the questions to the best of your ability. Use 1 set for each ferret.

Ferret name: _____

Are you the ferrets first owner? **Yes** or **No**

Where did the ferret come from (pet store, friend, etc): _____

What type of food is given (please include specific brand name):

On a scale of 0-10 (0 being not at all), how litter trained is the ferret?: _____

Does the ferret get along with other ferrets? **Yes** or **No**

Is the ferret from a single animal household? **Yes** or **No**

If no, what type of animals was it around and how did it react/play with them?

Has the ferret been around children? **Yes** or **No**

Has its experience with children been positive? **Yes** or **No**

If no, please explain: _____

How does this ferret react to strangers?

In the house: _____

In other locations: _____

Was the ferret free roam? **Yes** or **No**

If no, how often was the ferret allowed out and for how long: _____

Is the ferret used to wearing a harness? **Yes** or **No**

What types of toys/treats does the ferret like: _____

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Ferret name: _____

What does the ferret like to steal or chew on (ex, cords, rubber objects, stuffed animals, etc):

Any special ferret proofing or behavioral concerns (ex, climber, eats anything off the floor, bites, etc): _____

Please describe the ferrets personality to the best of your ability: _____

What do you think would be the ideal home for this ferret: _____

Medical Information

Do you agree to make all veterinary records for this animal available to VI Fert? **Yes or No**

Current Veterinarian (including phone number): _____

Date of last visit (Month/Year): _____

Date of last vaccines (Month/Year): Rabies _____

Canine Distemper _____

Others _____

Any medical or health concerns that you are aware of: _____

Is there anything else we should be aware of: _____
