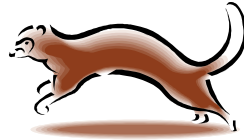


Humane Society of Jefferson County, Inc.



Application Procedure

We request the following information in an attempt to assist you with the selection of your companion animal. The animal's welfare is our foremost consideration. This process is designed to help us determine if the placement is in the animal's best interest and to assist you in finding an animal best suited to your lifestyle. H.S.J.C. reserves the right to refuse an adoption to anyone for any reason. No animal will be adopted to prospective owners who mislead or fail to provide accurate information on this application.

Please read the following information carefully.

1. Fill out the application completely. Identification is required to verify information.
2. We do not do same day adoptions.
3. Every effort will be made to review the application in a timely manner. HSJC staff will notify you when the process has been completed. We will contact you to inform you of our decision.
4. Once an application has been approved it will remain on file for 6 months.
5. All family members must meet the new companion animal before adoption to ensure compatibility.
6. We do not adopt ferrets to families with children under the age of five.

Name: _____ **Phone:** _____ **Date:** _____

Birth date: _____ **Drivers License #** _____ **State Issued** _____

Address: _____

City _____ **State:** _____ **Zip:** _____ **County:** _____

Email address: _____

How long have you lived at this address? _____

If there is a specific ferret you are interested in? Name of ferret _____

Pre-Approve (pet selection not yet made) **Yes** / **No**

Type of residence

Circle one: House Apartment Duplex Mobile Home Park Farm

Live with friend/relative Condo Other _____

If you rent, lease or own a condo or trailer please provide the following information:

Landlord or Condo Association: _____

Daytime phone: _____ Evening phone: _____

Are you planning to move within the next 6 months? _____

Veterinary Information (for pets owned and previously owned)

Clinic name: _____

Phone: _____

If you do not currently have a veterinarian, you will be asked to obtain one before the adoption is finalized.

Please list all pets *in the household* and pets you have owned in the past

5 years:

<u>Species</u>	<u>Name</u>	<u>Age</u>	<u>Neutered?</u>	<u>Still own?</u>
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Are the pets you now own current on vaccinations? Yes / No

Are the records listed under the name on the application? Yes / No

If you no longer own the pet, what happened to it?

Have you ever adopted from a shelter before? Yes / No

When? _____

What kind of pet? _____

Have you ever surrendered an animal to a shelter? Yes / No

When? _____

Why? _____

What is your past experience with ferrets? Please circle.

First time owner

Current ferret owner

Had a ferret in the past

How will you correct behavior problems in your ferret if they occur?

How much \$\$\$ do you plan to spend per year to care for your ferret? _____

How many hours a day will your ferret be home alone? _____

Are you a frequent traveler? Yes / No

Who will care for your ferret if you must be gone for an extended period? _____

Where will you keep the ferret during the day? _____

Where will you keep the ferret during the night? _____

Are you willing and able to assume the financial responsibilities of pet ownership?

Yes / No

Are you prepared to commit to caring for your ferret for the next 6-9 years?

Yes / No

If you must move from your current place of residence, what will you do with your pet?

Will you allow your ferret adequate time to adjust to a new home? Yes / No

How long? _____

Are you aware of the annual routine vaccinations recommended for the health and protection of your ferret? Yes / No

Please tell us a little about your household

What is the activity level of your household? Please circle.

Quiet Active Moderate activity

of Children _____ Ages _____ # of Adults _____

Who will be the primary caretaker? _____

This ferret is being adopted as: Please circle all that apply.

House pet Gift Companion For a Child
Outdoor caged pet Companion for another Pet Breeding

Does anyone residing in the house have any known pet allergies? Yes / No

Are you familiar with the pet responsibility and liability laws in your area? Yes / No

Do you understand that all adopted ferrets must be spayed/neutered? Yes / No

Do you plan to allow your ferret outdoors unattended? Yes / No

Circle items you would like more information about.

Litter box training Ferret/Cat Introductions Ferret/Dog Introductions Ordinances /Laws
Ferrets and Children Spaying/Neutering Training Methods Vaccinations

How did you learn about our organization? Please circle.

Pets of the Week Friend/Relative Phone Book Veterinarian
Radio Special event T.V. Other _____

