shelter use only Adopted by:
Date:

WASHINGTON FERRET RESCUE & SHELTER FERRET INFORMATION

This information will be provided to the people adopting this ferret.

Ferret's Name:	Breeder:	
Male/Female:	Neutered/Spayed?:	Descented?:
Approximate Birthday (m	nonth/year): Co	lor:
Where was he/she obtained	ed?	
How did you hear about o	our Rescue?	
Has this ferret been vacci	nated for Canine Distemper?	Date:
Has this ferret been vaccin	nated for Rabies?	Date:
Any medical history/oper	ations?	
Who is the vet with record	ds of this ferret?	
Address/City		
Whose name are the recor	rds in?	
What type/brand of food l	nas this ferret been eating?	
What treats does this ferre	et like to eat?	
Does this ferret use a water	er bottle or bowl?	Is this ferret used to being caged?
What does this ferret play	with?	
Box or paper trained?	House	oroken?
Does this ferret like baths	?Having his nail	s trimmed?
Does he/she have a good	temperament?	Is he/she a biter?
What other animals has th	is ferret lived with?	
Is this ferret comfortable	with children/strangers?	
What other things can you	a say about this ferret that the n	ext owner might find useful or interesting?
(OPTIONAL) Reason for	giving up the ferret:	
Would you like the next of	owners to contact you?	
Please leave your name an	nd address/phone number:	
I hereby certify to the bes	t of my knowledge that all of th	e above information is true and complete. I give
up all rights to above nam	ned ferret.	
Signature:		Date: